

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90116 029 ****70.00

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DOCUMENT # N99000006356

1. Entity Name

CENTRO DE RESTAURACION FAMILIAR INC.

Principal Place of Business

**3450 S. HIGHWAY US. 17-92
 CASSELBERRY FL 32707**

Mailing Address

**540 AUBURN AVE
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4323104

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LABRADOR, WILFREDO
 540 AUBURN AVE
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Wilfredo Labrador PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-29-2001

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME LABRADOR, WILFREDO ☐ Delete
 STREET ADDRESS 540 AUBURN AVE
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE VT
 NAME LABRADOR, LYDIA ☐ Delete
 STREET ADDRESS 540 AUBURN AVE
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE T ☒ Delete
 NAME FIGUEROA, WILSON
 STREET ADDRESS 1349 CHARLOTTE
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Change ☒ Addition
 NAME JUAN B GONZALEZ
 STREET ADDRESS 531 LYNCHFIELD AVE.
 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wilfredo Labrador **WILFREDO LABRADOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2001

Date

407-682-8456

Daytime Phone #

CR2E037 (10/00)