

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90133 021 ****70.00

DOCUMENT # N99000006356

1. Entity Name

CENTRO DE RESTAURACION FAMILIAR INC.



Principal Place of Business

**218 WILSHIRE BLVD
CASSELBERRY FL 32707**

Mailing Address

**540 AUBURN AVE
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

344 WILSHIRE BLVD

3. Mailing Address

530 AUBURN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

CASSELBERRY, FLORIDA

City & State

ALTAMONTE SPRINGS, FL

4. FEI Number **36-4323104**

Applied For

Not Applicable

Zip

32707

Country

U.S.A.

Zip

32714

Country

U.S.A.

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

Name

LABRADOR WILFREDO

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

530 AUBURN AVE

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **T** ☐ Delete
NAME **GONZALEZ, JUAN B**
STREET ADDRESS **531 LYNCHFIELD AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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 **PD** ☐ Change ☐ Addition
NAME **LABRADOR WILFREDO**
STREET ADDRESS **530 AUBURN AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VT** ☐ Change ☐ Addition
NAME **LABRADOR LYDIA**
STREET ADDRESS **530 AUBURN AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

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

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CITY-ST-ZIP

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 persons empowered.

SIGNATURE:

Wilfredo Labrador

3-10-2003 407-682-8456

CR2E037 (10/02)