

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90050 038 \*\*\*150.00

**DOCUMENT #** P00000011988

**1. Entity Name**

MARIA REGLA RESTAURANT, INC.

**DO NOT WRITE IN THIS SPACE**

**44022163**

**2. Principal Place of Business**  
1300 East 4th Avenue

**3. Mailing Address**  
8201 NW 36th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Hialeah Florida

**City & State**  
Miami Florida

**4. FEI Number** 65-0977599

Applied For  
Not Applicable

**Zip** 33010 **Country** U.S.A.

**Zip** 33121 **Country** U.S.A.

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

CARIDAD CANCIO

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

8201 NW 36th Avenue

**City**

Miami

**FL**

**Zip Code**

33121

**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**

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

(NOTE: Registered Agent signature required when installing)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

DP  
CANCIO, CARIDAD  
8201 NW 36 Avenue  
Miami FL 33121

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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IN THIS SPACE**

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Caridad Cancio*

CARIDAD CANCIO

3/25/2004 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYPHONE/FAX NUMBER

CR2E034B (12/01)