

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

DOCUMENT # P00000011988

1. Entity Name

MARIA REGLA RESTAURANT, INC.

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

03-29-2004 90050 038 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1300 East 4th Avenue		3. Mailing Address 8201 NW 36th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah Florida		City & State Miami Florida	
Zip 33010	Country U.S.A.	Zip 33121	Country U.S.A.

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number 65-0977599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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	Zip Code FL 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 changing) DAB

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 CITY-ST-ZIP	
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CR2E034B (12/01)

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARIDAD CANCIO 3/25/2004 (305) 362-9139

Date

Daytime Phone #