2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P00000039243

1. Entity Name
Navy Cafeteria Inc.

Principal Place of Business
3501 E 10th Ct
Hia Fl 33013

FILED
03 JUN 13 PM 12:14
SECRETARY OF STATE

0403 UBR

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1002544 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
Gonzales Roberto
301 West 31th Street
Hia Fl 33012

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

SIGNATURE ______ 6-11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Roberto Gonzalez, 301 West 31th Street, Hia Fl 33012 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 607, 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: SIGNATURE REQUIRED R Gonzalez 04/30/03 (305) 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

June 11, 2003

Ref:

Many Cafeteria, Inc.
Document # P00000039243
2501 East 10th Ct.
Hialeah, Fla. 33013

Dept of State
Division of Corporations

Gentlemen: As per letter received from your office informing of the dissolution of the corporation, I want to inform, that I never received in prior years any communication concerning the Annual Report filing fee and I was running my business I was not aware of this filing report, please I appreciate penalties to be waived due to this explanation and I am sending $400.00 and a reinstatement Form to activate my corporation.

Thanks for your help in this situation. Sincerely,