

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
03-13-2001 90322 018 ***150.00

DOCUMENT # **P00000052168 ✓**
1. Entity Name
MAMBO'S CAFE OF CENTRAL FLORIDA INC

Principal Place of Business Mailing Address
8001 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

00024983

2. Principal Place of Business 3. Mailing Address
8001 S. ORANGE BLOSSOM TRAIL **7909 SUMMER RIDGE PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

960

1

DO NOT WRITE IN THIS SPACE

City & State City & State
ORLANDO, FL **ORLANDO, FL 32819**

4. FEI Number
59-3653821

Applied For
Not Applicable

Zip Country **U.S.** Zip Country
32809 **ORANGE** **32819** **U.S.**

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

6. Name and Address of Current Registered Agent

ARISTIDE MENDOZA
8655 DOVER OAKS CT.
ORLANDO, FL 32636

7. Name and Address of New Registered Agent

Name **MARIO MIRANDA**
Street Address (P.O. Box Number is Not Acceptable)
7909 SUMMER RIDGE PL
City **ORLANDO** FL Zip Code **32819**

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 **MARIO MIRANDA** **3/5/01**
Signatures typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PRESIDENT** ☒ Delete
NAME **ARISTIDES MENDOZA**
STREET ADDRESS **8655 DOVER OAKS CT**
CITY-ST-ZIP **ORLANDO, FL 32636**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MARIO MIRANDA**
STREET ADDRESS **7909 SUMMER RIDGE PL**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **BLAS BENEDETTO**
STREET ADDRESS **7909 SUMMER RIDGE PL**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **MARIO MIRANDA** **407-855-3245**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)