

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
May 31, 2001 8:00 am
Secretary of State

05-02-2001 90219 033 ***150.00

DOCUMENT # P00000075675

1. Entity Name
CAFE CALIENTE, CORPORATION

Principal Place of Business
**2237 PIPESTONE CT
 ORLANDO FL 32818**

Mailing Address
**2237 PIPESTONE CT
 ORLANDO FL 32818**

6208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc. " " " "

City & State " " " "

Zip " Country " Zip " Country "

4. FEI Number ☒ Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, JORGE A
 2237 PIPESTONE CT
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name *STILL THE SAME*
 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.

SIGNATURE *X Jorge A. Garcia*
Signature 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	<input type="checkbox"/> Delete
NAME JORGE A. GARCIA	
STREET ADDRESS 2237 PIPESTONE CT.	
CITY-ST-ZIP ORLANDO, FL 32818	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *X Jorge A. Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)