

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100685

1. Entity Name
LA LEONESA CAFETERIA INC.



Principal Place of Business
1001 WEST FLAGLER STREET
MIAMI FL 33130

Mailing Address
1001 WEST FLAGLER STREET
MIAMI FL 33130

FILED
03 AUG 20 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1001 West Flagler St
Suite, Apt. #, etc.

3. Mailing Address
6423 NW 199 Lane
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33130
Country
USA

City & State
Hialeah FL
Zip
33015
Country
USA

4. FEI Number 65-1068895
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SERNA, REGINA A
6423 N.W. 199 LANE
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name
Regina A. Serna
Street Address (P.O. Box Number is Not Acceptable)
6423 NW 199 Lane
City
Hialeah FL Zip Code
33015

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
Regina Serna

8/14/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	SERNA, REGINA	6423 NW 199 LANE	HIALEAH FL 33015	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/03

Date

Daytime Phone #

CR2E034 (4/03)

0039192 AV

Attachment

P00000100685

AFFIDAVIT WITH JURAT

Date: August 14, 2003

RE: DOCUMENT # P00000100685

**State of Florida
County of Miami-Dade**

**The purpose of this letter is to acknowledge that I, Regina Serna,
President of LA LEONESA CAFETERIA INC. located at 1001 West
Flagler Street in Miami, Florida 33130, and properly identified with
Florida Driver's License declare under oath declare that:**

**I mailed the Uniform Business Report with a check for \$150
which never cleared my bank. For this reason I ask that
you accept a duplicate check in the amount of \$150. If there
are any inquiries please contact my Accountant JANET
VASALLO at your convenience (305) 643-2482.**

X Regina Serna
Affiant's Signature

Janet Vasallo NOTARY PUBLIC

