

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90104 025 ***158.75

0416374 AV

DOCUMENT # P00000105710

1. Entity Name
PALM RIVER CAFE, INC.

Principal Place of Business

**9208 SUNNY OAK DR
RIVERVIEW FL 33569**

Mailing Address

**9208 SUNNY OAK DR
RIVERVIEW FL 33569**

2. Principal Place of Business

7754 PALM RIVER RD

3. Mailing Address

7754 PALM RIVER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33619

Country

HILLS

Zip

33619

Country

HILLS

4. FEI Number

59-3685360

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, ALBA
9208 SUNNY OAK DR
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name **MARTINEZ FREDDY**

Street Address (P.O. Box Number is Not Acceptable)

7754 PALM RIVER RD.

City **TAMPA**

FL

Zip Code

33619

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 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, 2002 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	DP	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, ALBA	
STREET ADDRESS	9208 SUNNY OAK DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, ROSINELLA	
STREET ADDRESS	9208 SUNNY OAK DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, MARTIN	
STREET ADDRESS	9208 SUNNY OAK DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	COURBAT, ALBA	
STREET ADDRESS	9208 SUNNY OAK DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, MARTIN A	
STREET ADDRESS	9208 SUNNY OAK DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, FREDDY	
STREET ADDRESS	1111 BLUEFIELD AVE	
CITY-ST-ZIP	BRANDON, FL. 33511	
TITLE	VCE-PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, IVANIA	
STREET ADDRESS	1111 BLUEFIELD AVE.	
CITY-ST-ZIP	BRANDON, FL. 33511	
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
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: **Freddy Martinez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-02

(813)626-5153

Date

Daytime Phone #

CR2E034 (9/01)