

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000108128**

1. Entity Name

La Barca Seafood Market Cafeteria, Corp



FILED

04 JAN 20 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4994 E 4 Ave

3. Mailing Address

4994 E 4 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2004 UBR

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1056483

Applied For

Not Applicable

Zip

33013 MIAMI

Country

Zip

33013

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BRISA Presentado

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

15632 SW 85 Terr

City

MIAMI

FL

Zip Code

33193

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
**PD
BRISA Presentado
15632 SW 85 Terr
MIAMI FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10/27/03 01049 024 \$155.00
700028393747
02/09/04--01012--009 **8.75**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **BRISA Presentado**

BRISA Presentado

1/8/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)