

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90166 030 \*\*\*150.00

**DOCUMENT # P00000113262**

1. Entity Name  
**TIOS CAFE, INC.**



Principal Place of Business  
**27001 US HWY 19 NORTH  
COUNTY SIDE MALL #2090  
CLEARWATER FL 33761-3411**

Mailing Address  
**27001 US HWY 19 NORTH  
COUNTY SIDE MALL #2090  
CLEARWATER, FL 33761-3411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3693406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**RUIZ, ISREAL  
6010 COOLIDGE AVE.  
TAMPA FL 33614**

## 7. Name and Address of New Registered Agent

Name **Israel Ruiz**

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. 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

**FILE NOW!!! FEE IS \$650.00**

**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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT RUIZ, ISRAEL 6010 COOLIDGE AVE. TAMPA FL 33614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/03)

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

Date

Daytime Phone #

Attachment

90151021

#P00000113262

July 30, 2003

**Tio's Cafe, Inc**

27001 US HWY 19 North  
Clearwater, FL 33761-3411  
(727)799-9367

To whom it may concern:

- We respectfully request that the late charges for filing be waived since we did not receive the uniform business report in time.
- We received it now in July slightly damaged enclosed in an US Postal envelope which I am enclosing with this letter along with the completed report and check for \$150.00.

Your consideration in this matter is greatly appreciated.

Respectfully,

Israel Ruiz, PT