FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116142

1. Entity Name FIRST CANAFI & MIRAMAR CORP
D/B/A Tropical Sandwich

2001 & 2002

FILED
02 JAN 18 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2891 Collins Ave
Suite, Apt. #, etc.
City & State: Miami Beach, Florida
Zip: 33140 Country: USA

3. Mailing Address: 951 EAST 16th PLACE
Suite, Apt. #, etc.
City & State: HIALEAH, FLORIDA
Zip: 33010 Country: USA

DO NOT WRITE IN THIS SPACE AC 1-18-02

4. FEI Number: 65 1076286 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: WALTER LACHIONDO
Street Address (P.O. Box Number is Not Acceptable): 951 East 16th PLACE
City: HIALEAH FL Zip Code 33010

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 ______ DATE ______

9. If a corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	MARIO COHEN	NAME	
STREET ADDRESS	2425 W 76 ST #105	STREET ADDRESS	
CITY ST ZIP	HIALEAH, FL 33016	CITY ST ZIP	
TITLE	VP	TITLE	
NAME	WALTER LACHIONDO	NAME	
STREET ADDRESS	951 East 16th PLACE	STREET ADDRESS	
CITY ST ZIP	HIALEAH, FL 33010	CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
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****300.00 ****300.00

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

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 Date
(305)8191905 Daytime Phone #