

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P010000 21459*

1. Entity Name

Cafepark Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 West Ave

Suite, Apt. #, etc.

#601

3. Mailing Address

1000 West Ave

Suite, Apt. #, etc.

#601

City & State

Miami Beach, FL

Zip

33139

Country

City & State

Miami Beach, FL

Zip

33139

Country

4. FEI Number

65-1098282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Maria P. Aguilera

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

1000 West Ave #601

City

Miami Beach

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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

MOBLE

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

(NOTE: Registered Agent signature required when reinstating)

11/19/02

DATE

9. This 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 *President*
NAME *Esteban X. Aguilera*
STREET ADDRESS *1000 West Ave #601*
CITY - ST - ZIP *Miami Beach, FL 33139*

TITLE *Vicepresident*
NAME *Maria P. Aguilera*
STREET ADDRESS *1000 West Ave #601*
CITY - ST - ZIP *Miami Beach, FL 33139*

TITLE *Secretary*
NAME *Maria D. Balsero*
STREET ADDRESS *1000 West Ave #601*
CITY - ST - ZIP *Miami Beach, FL 33139*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900009171889
11/22/02--01066--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

MOBLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/02

DATE

Daytime Phone #

CR2E034B (12/01)

11/26

November 19, 2002

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
Tallahassee, FL. 32314

Ref: CAFEPAK, CORP.
FEIN 65-1098282

Dear sirs:

CAFEPAK, CORP, already sent you its Annual Report on April 14th with a check payable to you for \$ 150.00 that was never cashed . Concerned about this, I called you on May 15th or 16th asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

Today, after verifying my corporation is inactive I called again and I have been requested to send you a letter explaining this issue and a check for \$ 150.00.

Please I am requesting to waive the penalties and reinstate My Corporation

Thank you very much for your attention to this matter.

Sincerely,



MARIA PAULA AGUILA
CAFEPAK, CORP.