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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JUL 11 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500021999465
08/04/03--01006--028 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000037434

1. Entity Name

IGMA CAFETERIA, INC.

2. Principal Place of Business	3. Mailing Address
8200 NW 29TH ST.	8200 NW 29TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33122-1902 Country: US	Zip: 33122-1902 Country: US

4. FEI Number: 65-1097989 ☐ Applied For ☐ Not Applicable

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

LOPEZ, MONICA
8200 NW 29TH ST.
MIAMI, FL 33122-1902

7. Name and Address of Current Registered Agent

Name: LOPEZ, MONICA

Street Address (P.O. Box Number is Not Acceptable): 4132 SW 62ND AVE.

City: MIAMI FL Zip Code 331[illegible]

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: X Monica Lopez Resident Agent 7/2/03
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) ☐

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	D	TITLE	
NAME	PEREZ, IGNACIO	NAME	
STREET ADDRESS	3502 SW 90 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LOPEZ, MONICA	NAME	
STREET ADDRESS	9206 SW 8 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Monica Lopez President 7/2/03 266-105[illegible]
Date Daytime Phone #

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IGMA Cafeteria, Inc.

July 8, 2003

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please be advised that we did not receive any correspondence from your office, hence why the 2003 filing fee was overlooked. Enclosed please find a check in the amount of $150.00 for the 2003 Uniform Business Report fee. If you should have any questions or require additional information, do not hesitate to contact the undersigned.

Sincerely,

Monica Lopez
IGMA Cafeteria, Inc.