

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037434

1. Entity Name

IGMA CAFETERIA, INC.

APPROVED
AND
FILED

03 JUL 11 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

US

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

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1097989

Applied For
Not Applicable

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

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 33141

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

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

Monica Lopez *Registered Agent*

7/2/03

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 1
Added to Fees

11. OFFICERS AND DIRECTORS

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

SIGNATURE

Monica Lopez *Registered Agent* 7/2/03 266-105.

Date Signature Phone #

IGMA Cafeteria, Inc.

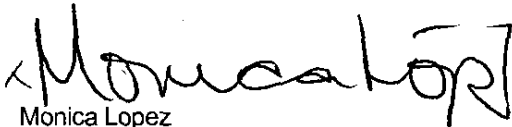
July 8, 2003

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,

A handwritten signature in black ink, appearing to read "Monica Lopez", enclosed within a rectangular box.

Monica Lopez
IGMA Cafeteria, Inc.