

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

03-14-2002 90059 047 ***150.00
 07-31-2002 90102 017 ***150.00

80132882



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000048362

1. Entity Name
 PAPITO'S CUBAN CAFE, INC

Principal Place of Business
 15008 LAKESIDE COVE COURT
 ODESSA FL 33556-3114

Mailing Address
 15008 LAKESIDE COVE COURT
 ODESSA FL 33556-3114

2. Principal Place of Business
 19112 HOLLY LANE
 Suite, Apt. #, etc.

3. Mailing Address
 19112 HOLLY LANE
 Suite, Apt. #, etc.

City & State
 LUTZ, FLA.
Zip 33548 **Country** USA

City & State
 LUTZ, FLA.
Zip 33548 **Country** USA

4. FEI Number
 59-3741751

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 HERNANDEZ, RAMON JR.
 15008 LAKESIDE COVE COURT
 ODESSA FL 33556-3114

7. Name and Address of New Registered Agent
 Name:
 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 _____ (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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ, RAMON JR.		NAME	
STREET ADDRESS 15008 LAKESIDE COVE COURT		STREET ADDRESS	
CITY-ST-ZIP ODESSA FL 33556-3114		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ, RAMON JR.		NAME	
STREET ADDRESS 15008 LAKESIDE COVE COURT		STREET ADDRESS	
CITY-ST-ZIP ODESSA FL 33556-3114		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **7-22-02** **813-849-7675**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (4/02)

Attachment
TO WHOM IT MAY CONCERN, #P01000048362

THIS WAS THE FIRST ONE I
RECEIVED FOR RENEW MY CORPORATION
I DO NOT FEEL I SHOULD BE CHARGED
400.00 EXTRA WHEN I NEVER RECEIVED
THE FIRST ONE.

THANK YOU
