

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

02-18-2003 90108 010 ***150.00

DOCUMENT # P01000062409

1. Entity Name

CAFETERIA EL SOL, CORP.



Principal Place of Business

3397 NW 151ST TERRACE

#7

OPA LOCKA FL 33054-2462

Mailing Address

3397 NW 151ST TERRACE

#7

OPA LOCKA FL 33054-2462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENA, YUDELKYS

3397 NW 151ST TERRACE

#7

OPA LOCKA FL 33054-2462

7. Name and Address of New Registered Agent

Name

Rosa Peralta

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

17022 NE 5 Ave

City

N. Miami Beach

FL

Zip Code

33162

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

Rosa Peralta

(See Attached)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PENA, YUDELKYS
STREET ADDRESS 3397 NW 151ST TERRACE
CITY-ST-ZIP OPA LOCKA FL 33054-2462 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Peralta, Rosa
STREET ADDRESS 17022 NE 5 Ave
CITY-ST-ZIP North Miami Beach FL 33162 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Rosa Peralta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

SSO/8926

1098000006013

Frances L. McCall	President	Trustee	Trustee
William B. Mock Jr.	Secretary/ Treasurer		Trustee
Patric McCall			Trustee
Richard Matthews			Trustee
Clay Fallis			Trustee
Mike Mock			Trustee
Ed Hinson			Agent