

Amended

ATX1

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 APR 25 AM 7:44

DOCUMENT #	P01000066236
1. Entity Name	
Cristina's Cafe, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10641 N.W. 17th Avenue Suite, Apt. #, etc.	3. Mailing Address 6600 N.W. 14 street Suite, Apt. #, etc.
City & State Plantation, FL	City & State Plantation FL
Zip 33322	Country USA
Zip 33322	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1120333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Cristina L. Gonzalez  
Street Address (P.O. Box Number is Not Acceptable)  
10641 N.W. 17th Avenue

City  
Plantation FL Zip Code  
33322

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 Cristina Gonzalez President. 4/22/2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST Cristina L. Gonzalez 10641 N.W. 17th Avenue Plantation, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cristina L. Gonzalez 10641 N.W. 17th Avenue Plantation, FL 33322
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100018470931 05/07/03-01124-020 **\$61.25
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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 on an attachment with an address, with all other like empowered.

SIGNATURE Cristina Gonzalez Cristina L. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2003

Date

(954) 724-4141

Daytime Phone #