

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90065 018 ***150.00

0134202 AV

DOCUMENT # P01000076123

1. Entity Name

EL SOL DE CUBA RESTAURANT, CORP.

Principal Place of Business

**4200 W 19 AVE
HIALEAH FL 33012**

Mailing Address

**4200 W 19 AVE
HIALEAH FL 33012**

2. Principal Place of Business

2156 NW 7 AVE

3. Mailing Address

4200 W 19 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

HIALEAH FL

4. FEI Number

65-1142908

Applied For

Not Applicable

Zip

33127

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BORGES, MISAEL J
4200 W 19 AVE
HIALEAH FL 33012**

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.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORGES, MISAEL J 4200 W 19 AVE HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORGES, ANA 4200 W 19 AVE HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORGES, FELIX 5750 PAINTED LEAF LN NAPLES FL 34116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANA, NELVIS V. 5750 PAINTED LEAF LN NAPLES FL 34116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRES. BORGES, ANA 4200 W 19 AVE HIALEAH FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/V.P. BORGES, MISAEL J 4200 W 19 AVE HIALEAH FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANA BORGES

PRESIDENT
DIRECTOR

01-25-02

305-326-8819

Date

Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

0134202 AV

342733

DOCUMENT # **P01000076123**

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Attachment

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 HIALEAH FL 33012

Mailing Address
 4200 W 19 AVE
 HIALEAH FL 33012



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3. Mailing Address
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DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL** **City & State** **HIALEAH FL** **4. FEI Number** **65-1142908** **Applied For** **Not Applicable**

Zip **33127** **Country** **USA** **Zip** **33012** **Country** **USA** **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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SIGNATURE: *ANA BORGES* **PRESIDENT** **01-25-02** **305-326-8819**

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

CR2E034 (9/01)