

**FOR PROFIT CORPORATION****2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90061 004 \*\*\*150.00

**DOCUMENT #** P01000090640**1. Entity Name**

ALMACARIBE RESTAURANT &amp; DISCOUNT, INC.

**DO NOT WRITE IN THIS SPACE****2. Principal Place of Business**

3100 NW 17 Avenue

Suite, Apt. #, etc.

**3. Mailing Address**

3100 NW 17 Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Miami, FL**City & State**  
Miami, FL**4. FEI Number**

65-1139850

Applied For

Not Applicable

**Zip**  
33142**Country**  
USA**Zip**  
33142**Country**  
USA**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****DO NOT WRITE  
IN THIS SPACE****7. Name and Address of Current Registered Agent****Name**  
Mercedes, Hector E.**Street Address (P.O. Box Number is Not Acceptable)**

10384 NW 128th Terrace

**City**

Hialeah Garden

**FL****Zip Code**  
33018**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) ☐**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 Be  
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	Mercedes, Winston L	10384 NW 128th Terrace	Hialeah Gardens, FL 33018
VD	Mercedes, Hector E	10384 NW 128th Terrace	Hialeah Gardens, FL 33018

**DO NOT WRITE  
IN THIS SPACE****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 an attachment with an address, with all other like empowered.****SIGNATURE:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Hector E Mercedes President*

Date

04/23/02 (305) 633-8233

Daytime Phone #