

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90028 035 \*\*\*150.00

**DOCUMENT # P01000092259**

1. Entity Name  
**EL NUEVO TRIUNFO CAFETERIA, INC.**

Principal Place of Business <b>4781 S.W. 1ST STREET                  APT. REAR                  MIAMI FL 33134</b>	Mailing Address <b>4781 S.W. 1ST STREET                  APT. REAR                  MIAMI FL 33134</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>530 East 4th Avenue</b>	3. Mailing Address <b>911 East 6th Lane</b>
--	--

Suite, Apt. #, etc.

City & State <b>Hialeah Florida</b>	City & State <b>Hialeah Florida</b>
--	--

4. FEI Number <b>65-1139223</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>33030</b>	Country <b>U.S.A.</b>	Zip <b>33010</b>	Country <b>U.S.A.</b>
---------------------	--------------------------	---------------------	--------------------------

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, JESUS  
 4781 S.W. 1ST STREET  
 APT. REAR  
 MIAMI FL 33134**

Name **ALAIN GARCIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**911 East 6th Lane**  
 City **Hialeah** **FL** Zip Code **33010**

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 **ALAIN GARCIA** **2/2/2002**  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PEREZ, JESUS 4781 S.W. 1ST STREET APT. REAR MIAMI FL 33134</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ALAIN GARCIA 911 East 6th Lane Hialeah Florida 33010</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **SIGNATURE REQUIRED** **ALAIN GARCIA** **2/2/2002 (305)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0214571 AV

CR2E034 (9/01)