

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90056 020 ***150.00

DOCUMENT # P01000102080

1. Entity Name
 CUBAN BUFFET, CORP.

2. Principal Place of Business
 1091 East 47 Street

3. Mailing Address
 804 East 28th Street

Suite, Apt. #, etc.

City & State
 Hialeah Florida 33013

City & State
 Hialeah Florida 33013

Zip 33013 **Country** U.S.A.

Zip 33013 **Country** U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1146436

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
 BORREGO, JUAN ANTONIO

Street Address (P.O. Box Number is Not Acceptable)
 804 East 28th Street
 Hialeah Florida 33013

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 _____ **DATE** _____

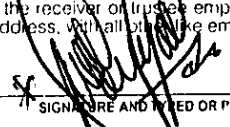
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. **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 PD	NAME BORREGO, JUAN A	TITLE	
STREET ADDRESS 804 E 28 St		NAME	
CITY - ST - ZIP Hialeah FL 33013		STREET ADDRESS	
		CITY - ST - ZIP	
TITLE VPD	NAME GUERRA, PEDRO P.	TITLE	
	<input checked="" type="checkbox"/> Deleted	NAME	
STREET ADDRESS 804 E 28 St		STREET ADDRESS	
CITY - ST - ZIP Hialeah FL 33013		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 or part of me empowered.

SIGNATURE:  **4/16/2002** **(305) 362-9139**

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