

02-03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000108208

1. Entity Name

ELEVEN STREET CAPE, INC



03 MAR 24 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000015168630
04/02/03--01039--004 **300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7225 NW 25 STREET

Suite, Apt. #, etc.

STE 300

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA - FLORIDA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

4. FEI Number

☒

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS C. ARAUZ

Street Address (P.O. Box Number is Not Acceptable)

7225 NW 25 ST/STE 300

City

MIAMI

FL

Zip Code

33122

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/21/2003

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	P
NAME	LUIS C. ARAUZ
STREET ADDRESS	7225 NW 25 STREET
CITY-ST-ZIP	MIAMI, FL 33122

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/2003

Date

Daytime Phone #

CR2E034B (12/02)

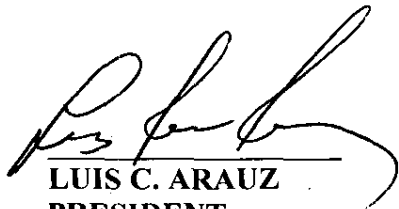
3/24

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

Since June 01 2001, we moved to 7225 NW 25 ST / STE 300 and we did not receive the U.B.R. for the years, 2002 and 2003, or any other notice from the Division of Corporations in respect with the Corporation **ELEVEN STREET CAFÉ, INC.**

Thank you for your courtesy in this matter.



LUIS C. ARAUZ
PRESIDENT