

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90179 018 ***150.00

DOCUMENT # P01000115868

1. Entity Name

La Cacha Cafeteria, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2390 W 76 ST

Suite, Apt. #, etc.

3. Mailing Address

2390 W 76 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FL

Zip
33016

Country
USA

City & State
Hialeah, FL

Zip
33016

Country
USA

4. FEI Number

03-0373669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CANGAS, DAMIAN

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

11611 NW 90 Ave

City

Hialeah Gardens FL

Zip Code

33018

**DO NOT WRITE
IN THIS SPACE**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
CANGAS, DAMIAN
11611 NW 90 Ave
Hialeah Gardens, FL, 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
MEDINA, MARIAN C
11611 NW 90 Ave
Hialeah Gardens, FL, 33018

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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

5-20-03

Date

305-887-4185

Daytime Phone #

CR2E034B (12/02)