FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 24 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120206

1. Entity Name
The Secret Sandwich Co., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3918 N Miami Ave
Suite, Apt. #, etc.

3. Mailing Address
Same as #2
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Miami
Zip: FL
Country: DADE

City & State:
Zip:
Country:

4. FEI Number: 26-0003773
Applied For
Not Applicable

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: Cesar A. Hernandez-Canton
Street Address (P.O. Box Number is Not Acceptable): 3918 N. Miami Ave.
City: Miami FL Zip Code: 33127

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	Director
NAME	Horacio Hernandez
STREET ADDRESS	3918 N Miami Ave.
CITY-ST-ZIP	Miami FL 33127
TITLE	Director
NAME	Raul Hernandez
STREET ADDRESS	3918 N Miami Ave
CITY-ST-ZIP	Miami FL 33127
TITLE	Director
NAME	Cesar A. Hernandez-Canton
STREET ADDRESS	3918 N. Miami Ave
CITY-ST-ZIP	Miami FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700008551337
10/23/02--01096--002 **150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Cesar A Hernandez-Canton 10/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
786-348-4168