

FILED  
May 29, 2003 8:00 am  
Secretary of State

04-24-2003 90167 023 \*\*\*150.00

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**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000005905

1. Entity Name  
LATIN EXPRESS RESTAURANT AND CAFETERIA, INC.



Principal Place of Business  
5915 SW 8 STREET  
MIAMI, FLORIDA 33144

Mailing Address  
5915 SW 8 STREET  
MIAMI, FLORIDA 33144

55044360



2. Principal Place of Business  
C

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0573341

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GATO, ALEXANDER  
5915 SW 8 STREET  
MIAMI, FLORIDA FL 33144

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
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. 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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT  
NAME GATO, ALEXANDER  
STREET ADDRESS 5630 NW 114 PATH, UNIT 213  
CITY-ST-ZIP MIAMI FL 33178

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

**SIGNATURE REQUIRED**

4/21/03

Date

Daytime Phone #

CR2E034 (10/02)