

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90135 037 \*\*\*185.00

**DOCUMENT # P02000041547**

1. Entity Name  
**CAFE MARBELLA, INC.**



Principal Place of Business  
**188 NE 3RD AVENUE  
MIAMI FL 33132**

Mailing Address  
**188 NE 3RD AVENUE  
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

**8825 NW 108 St.,**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Hialeah, Fl 33018**

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired  
**03-0448625**

☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUINONES, CARIDAD  
188 NE 3RD AVENUE  
MIAMI FL 33132**

Name  
**GISELLE L. AROSEMENA**

Street Address (P.O. Box Number is Not Acceptable)  
**8825 NW 108 St.,**

**Hialeah, Fl 33018**

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

*Giselle L. Arosemena*

**7/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.D.  
ELIER A MOREJON  
8825 NW 108 st.,  
Hialeah, Fl 33018** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S.T.D.  
GISELLE AROSEMENA  
8825 NW 108 st.,  
HIALEAH, Fl 33018** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/15/08**

Daytime Phone #

0040388 AV

CR2E034 (4/03)

Attachment

90147262

Hialeah, July 15, 2003

Fla Dpt. of State  
Division of Corporations  
PO Box 1500  
Tallahassee  
Fl 32302-1500


Re: P02000041547  
CAFE MARBELLA, INC

Sirs:

After Marcha this year this business was transferred to me,  
and ignored the real situation before your Dpt.

Additionally, never received before the correspondent report  
UBR for the Corporation, un til in the present we are sending  
to you, that form, and, please accept it without the penalty.

We will appreciate your help, in the meantime we remain very  
truly yours



---

Cafe Marbella, Inc  
Elier A Morejon, Pr  
8825 NW 108 St  
Hialeah,. Fl 33018-