

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

5/

05-22-2003 90140 007 \*\*\*150.00

**DOCUMENT # P02000044033**



1. Entity Name  
**CEVICHE INC.**

Principal Place of Business  
**13856 S.W. 56 STREET  
MIAMI FL 33175**

Mailing Address  
**13856 S.W. 56 STREET  
MIAMI FL 33175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02-0594460**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTEGA, AMALIA  
13856 S.W. 56 STREET  
MIAMI FL 33175**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ORTEGA, AMALIA  
13856 S.W. 56 STREET  
MIAMI FL 33175**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ 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**

**5-19-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

5504784

MAY, 19, 2003

ATT: CORPORATION DIVISION  
TALLAHASSEE.

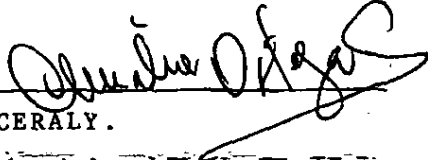
Re: Cerveche Inc. # PO2000044033

DEAR SIR:

I'M THE ONLY SUPPORT OF MY FAMILY, AND BECAUSE MY MOTHER  
WAS SICK AND I WAS GOING AND COMING FROM THE HOSPITAL TO MY  
HOUSE TO TAKE CARE OF MY LITTLE DAUGHTER. ALSO GOING  
SOME HOURS TO THE BUSINESS, I FORGOT THIS PAYMENT

MY MOTHER WAS IN JACKSON M HOSPITAL WITH A TUMOR IN THE  
BRAIN A TUMOR IN

EXCUSE ME AND ACCEPT THE ATTACHED CK.

  
SINCERALLY.