

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

DOCUMENT # P02000055258

1. Entity Name

CAFETERIA LATINA DOS HERMANOS, INC.

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90116 038 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

**44005628**

DO NOT WRITE IN THIS SPACE

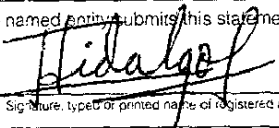
|                                                                            |                |                                                                |                |
|----------------------------------------------------------------------------|----------------|----------------------------------------------------------------|----------------|
| 2. Principal Place of Business<br>66 W. 29TH STREET<br>Suite, Apt. #, etc. |                | 3. Mailing Address<br>66 W. 29TH STREET<br>Suite, Apt. #, etc. |                |
| City & State<br>HIALEAH, FL                                                |                | City & State<br>HIALEAH, FL                                    |                |
| Zip<br>33012                                                               | Country<br>USA | Zip<br>33012                                                   | Country<br>USA |
| 4. FEI Number<br>32-0023854                                                |                | Applied For<br><input type="checkbox"/> Not Applicable         |                |
| 5. Certificate of Status Desired <input type="checkbox"/>                  |                | \$8.75 Additional Fee Required                                 |                |

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

|                                                                        |
|------------------------------------------------------------------------|
| Name<br>JULIO A. HIDALGO                                               |
| Street Address (P.O. Box Number is Not Acceptable)<br>66 W 29TH STREET |
| City<br>HIALEAH                                                        |
| FL                                                                     |
| Zip Code<br>33012                                                      |

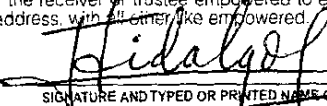
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  4/29/2003  
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) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                         |                                                                 |                                                    |                                       |
|----------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>JULIO A. HIDALGO<br>66 W 29TH STREET<br>HIALEAH, FL 33012 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>TERESA HIDALGO<br>66 W 29TH STREET<br>HIALEAH, FL 33012   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |

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:  4/29/2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # 44005628  
#D02000055258

CAFETERIA LATINA DOS HERMANOS, INC.  
66 W 29th St  
Hialeah, FL 33012

10096654

1090

63-643/670  
BRANCH 88287

Pay to the Order of Florida Department of State Date 04-29-03 \$ 150.00

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