

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90094 005 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P02000061512**

1. Entity Name

MAILYN'S CAFE, CORP. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19500 S Dixie Hwy.
Suite, Apt. #, etc.

3. Mailing Address

10352 SW 5th STREET
Suite, Apt. #, etc.

City & State

Miami Florida

City & State

MIAMI FL

4. FEI Number

46-0484973

Applied For

Not Applicable

Zip

Country

33157 U.S.A.

Zip

Country

33174 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Maielyn Trevilla

Street Address (P.O. Box Number is Not Acceptable)

10352 SW 5th St.

City

Miami

FL

Zip Code

33174

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

04-10-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Maielyn Trevilla
10352 SW 5th St
Miami, FL 33174**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-10-03 (305) 559-5168

CR2E034B (12/01)