

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

DOCUMENT # P02000063978

1. Entity Name

Melissa Latin Cafe, Inc.



FILED

03 OCT 27 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business

301 Palm Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33010

Country

Zip

Country

4. FEI Number

01-0716854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Ramon Mederos

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

8903 NW 145 ST

MIAMI LAKES, FL 33018

MIAMI LAKES

FL

Zip Code

33018

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Ramon Mederos (Director)
8903 NW 145 ST.
Miami Lakes, FL 33018

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Irdelisa Mederos (Director)
8903 NW 145 ST.
Miami Lakes, FL 33018

TITLE
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CITY - ST - ZIP

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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 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 #

9/4/03

305-885-3644

CR2E034B (12/02)