

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-28-2003 90138 048 \*\*\*150.00

DOCUMENT # P02000075950

1. Entity Name

DEL RIO CAKE BOUTIQUE, INC.



Principal Place of Business

8230 SW 30 ST  
MIAMI FL 33155

Mailing Address

8230 SW 30 ST  
MIAMI FL 33155

2. Principal Place of Business

3822 SW 8TH ST.

Suite, Apt. #, etc.

3. Mailing Address

3822 SW 8TH ST.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.

Zip

33134

Country

U.S.

4. FEI Number

81-0561068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

PESCHIERA, CECILIA

~~8230 SW 30 ST~~ 3822 SW 8TH ST.

~~MIAMI FL 33155~~ MIAMI, FL 33134

7. Name and Address of New Registered Agent

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 \$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

TITLE: ☐ Delete  
NAME: PESCHIERA, CECILIA  
STREET ADDRESS: 8230 SW 30 ST  
CITY-ST-ZIP: MIAMI FL 33155

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIG. *Cecilia Peschiera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/03

(305) 441-0868

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90147403  
P02000075950

July 25, 2003

Florida Department of State  
Division of Corporations  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

---

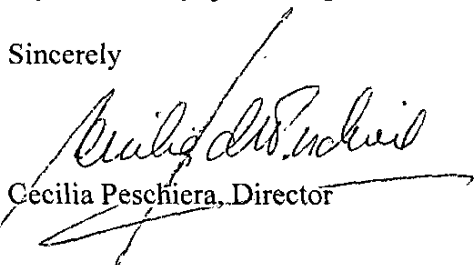
**Re: DEL RIO CAKE BOUTIQUE, INC**  
**P02000075950**

Dear Sir or Madam:

Enclosed is the Uniform Business Report (UBR) for the year 2003. I never received the original report, thus I am requesting your office to abate all penalties.

If you have any questions please advise.

Sincerely

  
Cecilia Peschiera, Director