

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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90228 026 ***150.00

DOCUMENT # P02000120902

1. Entity Name

L & N CAFETERIA INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3140 PEMBROKE RD

Suite, Apt. #, etc.

BAY 541

3. Mailing Address

P. O BOX 245073

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PARK FLORIDA

City & State

PEMBROKE PINES FLORIDA

4. FEI Number

56 - 2303492

Applied For

Not Applicable

Zip

33009

Country

US

Zip

33024

Country

US.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RODRIGUEZ, RAFAEL J

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

701 N STATE ROAD 7

City

HOLLYWOOD

FL

Zip Code

33021

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

PD

CISNEROS, JULIO

2931 UTOPIA DRIVE

MIRAMAR, FL 33023

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

DELGADOS, MARIA J

2931 UTOPIA DRIVE

MIRAMAR, FL 33023

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 #

CR2E034B (12/02)