

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90288 022 \*\*\*158.75

000373 AT

**DOCUMENT # P02000131913**

1. Entity Name

US 27 DINER, INC.



Principal Place of Business

9101 W. OKEECHOBEE RD.  
HIALEAH GARDENS FL 33016

Mailing Address

9101 W. OKEECHOBEE RD.  
HIALEAH GARDENS FL 33016

2. Principal Place of Business

9101 W. Okeechobee Rd

3. Mailing Address

6621 SW 116 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit D

City & State

Hialeah Gardens FL

City & State

Miami, FL

Zip

33016

Country

USA

Zip

33173

Country

USA

4. FEI Number

13-4237429

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SERRANO, MARK

9101 W. OKEECHOBEE RD.  
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name

Melissa Rodriguez

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

6621 SW 116 PL Unit D

City Miami

FL

Zip Code

33173

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

Melissa Rodriguez

(NOTE: Registered Agent signature required when reinstating)

DATE

April 26 2003

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, NOEL	
STREET ADDRESS	6621 S.W. 116TH PLACE, UNIT D	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SERRANO, MARK	
STREET ADDRESS	6621 S.W. 116TH PLACE, UNIT D	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa Rodriguez	
STREET ADDRESS	6621 S.W. 116 PL. Unit D	
CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Melissa Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26 2003

Daytime Phone #

786-797-7776

CR2E034 (10/02)