

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000026170

1. Entity Name

Mi Casa Restaurant Corporation

FILED

04 JAN 23 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10948 SW 184th St

Suite, Apt. #, etc.

3. Mailing Address

10948 SW 184th St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

32-0064236

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSE P CRUZ

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

10948 SW 184th St

City

Miami FL

**FL**

Zip Code

33157

**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.

SIGNATURE

JOSE P CRUZ

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

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

JOSE P CRUZ  
10948 SW 184th St  
Miami FL 33157

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

Xiomara CRUZ  
10948 SW 184th St  
Miami FL 33157

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

JOSE P CRUZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Filing

Daytime Phone #