

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90781 012 \*\*\*150.00

DOCUMENT # *P03000034088*

1. Entity Name *Los Guineros Cafeteria Corp.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*134 Hia. Drive*

3. Mailing Address  
*219 NW 15th Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Hialeah FL*

City & State  
*Miami FL*

4. FEI Number  
*54-2103653*

Applied For  
Not Applicable

Zip  
*33010*

Country  
*U.S.A.*

Zip  
*33135*

Country  
*USA*

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

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 *P*  
NAME *RETURCIA LORENZO*  
STREET ADDRESS *219 NW 15 Ave*  
CITY-STATE-ZIP *Mia. FL 33135*

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE *VP*  
NAME *Germano Reinaldo*  
STREET ADDRESS *982 E 28 St*  
CITY-STATE-ZIP *Mia. FL 33013*

TITLE  
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**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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exhibits/Enclosures

CR2E034B (12/01)