CR2E034 (10/02)

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

MIAMI FL 33165

3. Mailing Address

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered

Suite, Apt. #, etc.

9330 SOUTHWEST 40TH STREET

DOCUMENT# P93000026814

Country

6. Name and Address of Current Registered Agent

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

1. Entity Name

MIAMI FL 33165

Principal Place of Business

9330 SOUTHWEST 40TH STREET

2. Principal Place of Business

Suite, Apt. #, etc.

GARCIA, JORGE L

777 BRICKELL AVE

the obligations of registered agent.

STE 950 MIAMI FL 33131

SIGNATURE

City & State

Zip

SERGIO'S EATERY & STORE, INC.



Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90067 013 ***158.75

0TH	STREET	-	
			☐ CHECK HERE IF MAKING CHANGES
			4. FEI Number 65-0475153 Applied For Not Applicable
	Count	try	5. Certificate of Status Desired
			7. Name and Address of New Registered Agent_
		Name	
	i	Street Addre	ss (P.O. Box Number is Not Acceptable)
	l	City	FL Zip Code
ıg it:	s registere	ed office or reg	stered agent, or both, in the State of Florida. I am familiar with, and accept
(NO	TE: Registered	f Agent signature re	uired when reinstating) DATE
			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

Afte	r May 1, 2003 Fee will be \$550.00 R Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CABRERA, BLANCA 9330 SOUTHWEST 40TH STREET MIAMI FL	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, L 9330 SW 40TH ST MIAMI.FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, J 9330 SW 40TH ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 of the corporation of th

SIGNATURE: