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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # : P93000058691 (5)]		_	
1. Entity Name CABANAS RESTAURANT, INC.						FILED			
						02 JUL 18	P	ii 18	
DO NOT WRITE IN THIS SP						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 1147 N.W. 22nd AVENUE 3. N			3. Mailing Address 1147 N.W. 2	3. Mailing Address 1147 N.W. 22nd AVENUE					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State MIAMI, FL 33125			City & State MIAMI, FL 33125-2738			4. FEI Number 65-0447835	*************************************	Applied For	
33125	5	Country USA	^{Zip} 33125	CountryUSA		5. Certificate of Status Desired	\$8.	Not Applicable 75 Additional	
	2.204 6.0			1.26		7. Name and Address of Current Registers		Required ent	
	DO NOTWINE					Name MAURA D. GALLEGOS			
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE: 2604 S.W. 14th STREET									
	The same of the		i e de la companya d La companya de la co	City	MIA		7	Zip Codė	
8. The above	e named entity	y submits this statement for	the purpose of changing in	s registered office	or register		<u>- 3</u>	Zip Codé 33145	
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 Signification printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Tax filing (See crite	oration is eligi requirement a ria on back)	ble to satisfy its Intangible and elects to do so.	After Ma Amend Make Check Paya	May 1 Fee is \$1 y 1; Fee is \$550. ed;UBR is \$61:2 ble to Departme	00 - 5	10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
TITLE	PS	OFFICERS AND I	DIRECTORS,	PRESSOR AL SATER		POTENTIAL PROPERTY OF THE PARTY	Carl	THE PERMIT	
NAME	MAURA D. GALLEGOS			VIIILE CARREST OCTUPE CONTRACTOR NAME CONTRACTOR		. 40000658			
STREET ADDRESS CITY-ST-ZIP	2604 S MIAMI	T	STREET ADDRESS CITY-SI-ZIP		**************************************	:-01	1037026 ****150.00		
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IAME				TITLE TO THE NAME					
TREET ADDRESS			•,-	STREET ADDRESS				库 罗斯	
3 I hereby o	ertify that the	information supplied with ti	nis filing does not qualify for	CITY-ST-ZIP	I William	tion 119.07(3)(i). Florida Statutes. I further cen			
indicatéd of of the corp attachmen	on this report poration or the nt with an addi	or supplemental report is to receiver or trustee emporess, with all other like emp	ue and accurate and that need to execute this report owered.	By signature shall for as required by C	nave the so hapter 607	tion 119.07(3)(i). Florida Statutes. I further cert ame legal effect as if macle under oath; that i a 7, Florida Statutes; and that my name appears	ify that m an c i in Bk	t the information officer or director ock 11 or on an	

PRESIDENT

Date

07/15/02

Daytime Phone #

Page 2 of

CABANAS RESTAURANT, INC. 1147 NORTH WEST 22ND AVENUE MIAMI, FLORIDA 33125

Doc. # P93000058691 (5)

July 17, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

The purpose of this letter is to let your office know that as of today I have not received the Annual Report form for my corporation. I've called several times requesting it, and every time the response was, we will send you as soon as possible. Today when I called someone at your office finally told me that I could download this form from the internet. She also told me that I need it to write a letter explaining what had happen, so your office could review my case and attached a \$150.00 check with the annual report. If you need further information regarding this matter please, do not hesitate to contact me at your earliest convenience.

Very Truly Yours,

Maura D. Gallegos

President