

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026113

1. Entity Name

CONCHITA CAFETERIA CORP.

Principal Place of Business

Mailing Address

21 S.W. 8th Avenue
Miami, FL. 33130

9801 W Flagler D 408
Miami, FL. 33174

2. Principal Place of Business

3. Mailing Address

9801 W Flagler D 408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami

4. FEI Number

65-0485983

Applied For

Not Applicable

Zip

Country

Zip

Country

33174

Miami Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

02 FEB 27 PM 3:40

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Davila Hortencia C
21 S.W. 8th Avenue
Miami, FL. 33130

Name
Jairo A Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
21 S.W. 8th Avenue

City
Miami,

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

Jairo A Rodriguez
(NOTE: Registered Agent signature required when reinstating)

DATE
February 19/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00 -
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVILA HORTENCIA C 21 S.W. 8th Ave Miami, FL. 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAIR A RODRIGUEZ 21 S.W. 8th Avenue Miami, FL. 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005074092--5 -03/08/02--01076--029 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jairo Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)