

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90257 010 ***150.00

DOCUMENT # P94000050270

Entity Name

CAFETERIA ADELITA, INC.

DO NOT WRITE IN THIS SPACE

90124290

Principal Place of Business 2699 BISCAYNE BLVD		3. Mailing Address 2699 BISCAYNE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL,		City & State	
Zip 33137	Country USA	Zip 33137	Country USA
4. FEI Number 65-0503138		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name ACEVES ALCANTARA	
Street Address (P.O. Box Number is Not Acceptable) 425 N.E. 27TH STREET	
City MIAMI	Zip Code FL 33137

The above named entity hereby certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature: [Signature] Printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

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**

OFFICERS AND DIRECTORS

NAME	TITLE	STREET ADDRESS	CITY - ST - ZIP
P/D ADELA ALCANTARA 1482 N.E. 104TH STREET MIAMI SHORES FL, 33138			
S/D ACEVES ALCANTARA 1482 N.E. 104TH STREET MIAMI SHORES FL, 33138	delete		

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)