

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90143 047 ***150.00

DOCUMENT # P96000004195

1. Entity Name
CUSTOM CHOICE HOT DOG CARTS CORP.



Principal Place of Business

**3605 PEMBROKE RD
C-5
HOLLYWOOD FL 33021
US**

Mailing Address

**3605 PEMBROKE RD
C-5
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

6732 NE 4 AVE

Suite, Apt. #, etc.

3. Mailing Address

6732 NE 4 AVE

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0636071

Applied For

Not Applicable

Zip **33138**

Country **DADE**

Zip **33138**

Country **DADE**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RIOS, ROBERTO C
21030 N.E. 24 CT.
NORTH MIAMI BEACH FL 33180**

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
NAME **RIOS, ROBERTO C**
STREET ADDRESS **3625 PEMBROKE RD., #C-5**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VD** Delete
NAME **RIOS, CLAUDIA A**
STREET ADDRESS **3625 PEMBROKE RD., #C-5**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Change Addition
NAME **RIOS, ROBERTO**
STREET ADDRESS **6732 NE 4 AVE**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE **VP** Change Addition
NAME **RIOS, CLAUDIA**
STREET ADDRESS **6732 NE 4 AVE**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)