

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90051 035 ***150.00

DOCUMENT # P96000024111

1. Entity Name
CENTRAL JOSEFITA, INC.

Principal Place of Business Mailing Address
10023 S.W. 79TH COURT 10023 S.W. 79TH COURT
MIAMI FL 33156 MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0672612	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUTIERREZ, JR, NICOLAS J ESQ 1101 BRICKELL AVE., STE 1400 MIAMI FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALDES, ZOILA M		NAME		
STREET ADDRESS	9001 S.W. 77TH AVE. APT. NO. 109		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AVILA, REGINA M		NAME		
STREET ADDRESS	9001 S.W. 77TH AVE. APT. NO. 109		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, ADA		NAME		
STREET ADDRESS	9001 SW 77TH AVE-APT 109		STREET ADDRESS	10023 S.W. 79th Ct.	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	Miami, FL 33156	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENICHER, HILDA		NAME		
STREET ADDRESS	125 PARK SHORE DR. WEST		STREET ADDRESS	15374 SW 113 Terr.	
CITY-ST-ZIP	COLUMBIA SC 29223		CITY-ST-ZIP	Miami, FL 33178	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTOS, CELIDA		NAME		
STREET ADDRESS	1003 SW 79TH ST		STREET ADDRESS	10023 S.W. 79th Ct.	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	Miami, FL 33156	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTOS, CELIDA		NAME		
STREET ADDRESS	10023 S.W. 79 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		

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: *Celida Santos* **President/Director** **9/5/02** **(305) 373-0330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

872666

RAFFERTY, GUTIÉRREZ, SÁNCHEZ-ABALLÍ,
STOLZENBERG & GELLES, P.A.

PA 000024111

ATTORNEYS AT LAW

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OLGA GONZÁLEZ

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WILLIAM L. RAFFERTY, JR.
NICOLÁS J. GUTIÉRREZ, JR.
RAFAEL J. SÁNCHEZ-ABALLÍ
KEITH H. STOLZENBERG
JARED GELLES
JOHN S. TENENHOLTZ
MARÍA A. MARTÍNEZ HUDSON
JOSÉ M. CAMACHO
WILLIAM P. KELLY, JR.
DEBORAH B. BAKER

September 13, 2002

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

Re: Central Josefito, Inc.

Dear Madam or Sir:

Enclosed please find the completed 2002 Uniform Business Report for the above referenced Florida corporation together with our check in the amount of \$150.00 in payment of the filing fee.

Please note that our client, Mrs. Santos, never received the first report. Upon receipt of the enclosed report, she was concerned about the extra \$400.00 in late fees and telephoned your office at which time she was told that the late fee would be waived.

Thank you for your cooperation and attention with this matter. Should you need anything further, please contact the undersigned.

Sincerely,

Toni Clark
Certified Legal Assistant

Enclosures
cc: Nicolás J. Gutiérrez, Jr., Esq. (w/o encl.)