

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

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90005 012 ***150.00

DOCUMENT # **P96000079251**

1. Entity Name **La Bodeguita de Chachi, Inc**

DO NOT WRITE IN THIS SPACE

44046033

2. Principal Place of Business

3135 E 4th Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona FL

City & State

4. FEI Number

65-0697407

Applied For

Not Applicable

Zip

32013

Country

U.S.A

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Calero Raul
402 E 24 St
Hia. FL 32013**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-30-04

Date

Daytime Phone #

CR250348 (12/01)



96000079251

44046033

STATE OF FLORIDA DISBURSEMENT UNIT

P.O. Box 8500, Tallahassee, Florida 32314

Dear Payer:

We are returning the enclosed check(s) for one or more of the following reasons:

- ☐ Payments must be made payable to the FLSDU or the Clerk of the Court. Please prepare a new payment to the correct payee and return to the address listed below.
- ☒ The check was sent to this office in error.
- ☐ The check is defective and cannot be processed because: _____
- ☐ There was not enough information provided to ensure that the payment(s) is posted to the correct account(s). Please note: since there are duplicate case numbers in the state of Florida, you must provide the payer name, social security number, Florida case number and county code or county name. If the check represents payment to multiple cases, this information must be provided for each case. Be sure to include the amount for each case. Once this information has been added to the check, please return it to the address listed below.
- ☐ The check appears to represent payments to multiple accounts. However, the total of the check does not balance to the total payments. Please correct the accounts and/or amounts or issue another check for the total of the payments. Send the corrected information to the address listed below.
- ☐ The check appears to represent payments to multiple accounts. However, there is no amount breakdown provided for each account. Please provide the amount breakdown on the check and return it to the address listed below.
- ☐ The case information provided is for a child support case that has been closed.
- ☐ Sorry, we have tried to contact you by phone, but were not able. Please correct the needed information and return for processing. (see other below)
- ☐ Other _____

Should you need more information about your child support case(s), please contact the Clerk of the Court for the county where your case was filed.

Thank you for your attention to this matter.

Florida State Disbursement Unit
P. O. Box 8500
Tallahassee, FL 32314