

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083752

1. Entity Name

LAS BRISAS CAFE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90181 043 ***158.75

Principal Place of Business

Mailing Address

18190 W DIXIE HWY
 N M B FL 33160

P.O. BOX 630025
 MIAMI FL 33163-0025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0754071**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA ROSA, RAQUEL HIDALGO
 18220 NE 25TH PLACE
 N M B FL 33160

Name *DE LA ROSA RAQUEL HIDALGO*
 Street Address (P.O. Box Number is Not Acceptable)
2547 NE 182 ST.
 City *NMB* State **FL** Zip Code *33160*

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

Raquel Hidalgo De La Rosa
 Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

4/19/00
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	P <input type="checkbox"/> Delete
NAME	DE LA ROSA, RAQUEL HIDALGO
STREET ADDRESS	18220 NE 25TH PL
CITY-ST-ZIP	N M B FL 33160
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Raquel Hidalgo De La Rosa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (305) 705-0701
 Date Daytime Phone #

CR2E034 (9/99)