

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100482

1. Entity Name

LITTLE HAVANA MIAMI INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90125 008 \*\*\*150.00

Principal Place of Business 25 S.E. 2ND AVENUE, SUITE 730 C/O BLAXBERG, GRAYSON & SINGER, P.A. MIAMI FL 33131	Mailing Address 25 S.E. 2ND AVENUE, SUITE 730 C/O BLAXBERG, GRAYSON & SINGER, P.A. MIAMI FL 33131-1696
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3663 S.W 8TH STREET</b>	3. Mailing Address <b>3663 S.W 8TH STREET</b>
--	--

Suite, Apt. #, etc. <b>THIRD FLOOR</b>	Suite, Apt. #, etc. <b>THIRD FLOOR</b>
---	---

City & State <b>MIAMI - FLORIDA</b>	City & State <b>MIAMI - FLORIDA</b>
--	--

4. FEI Number <b>65-0727504</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

Zip <b>33135</b>	Country <b>U.S.A.</b>	Zip <b>33135</b>	Country <b>U.S.A.</b>
---------------------	--------------------------	---------------------	--------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALLS, FELIPE A JR**  
**3663 S.W. 8TH STREET THIRD FLOOR**  
**MIAMI FL 33135**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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.

SIGNATURE

Signature of owner, officer or 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.

**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>P VALLS, FELIPE A JR</b>		NAME	
STREET ADDRESS <b>3663 S.W. 8TH STREET THIRD FLOOR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		CITY-ST-ZIP	
NAME <b>S VALLS, FELIPE A SR</b>		NAME	
STREET ADDRESS <b>3663 S.W. 8TH STREET THIRD FLOOR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 title empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FELIPE A VALLS, JR**  
**PRESIDENT**

**2/2/2000 305-4464916**

Date

Daytime Phone #

CR2E034 (9/99)