

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90091 023 ***150.00

DOCUMENT # **P96000102558**

1. Entity Name

Downtown Food Services "Giacomo", Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 S. Miami Ave

Suite, Apt. #, etc.

#5

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0717825

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corey F. Hoffman

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

550 Mary St

#303

City

Miami

FL

Zip Code

33133

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

Corey E Hoff

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

(NOTE: Registered Agent signature required when reinstating)

3/22/02

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 |
|-----------------------------|-------------------------|----------------------------|------------------------|
| President - Director | Alfredo Elizondo | 100 S. Miami Ave #5 | Miami, FL 33130 |
| Secy - Director | David Cardenas | 100 S. Miami Ave #5 | Miami, FL 33130 |
| Treasurer - Director | Julio Palomino | 100 S. Miami Ave #5 | Miami FL 33130 |
| Vice President | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
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CR2E034B (12/01)

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:

Alfredo Elizondo

3/22/02

305-377-1672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #