## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000018331

Country

6. Name and Address of Current Registered Agent

City & State

Zip

## CANTINAS ESTRELLA CORP

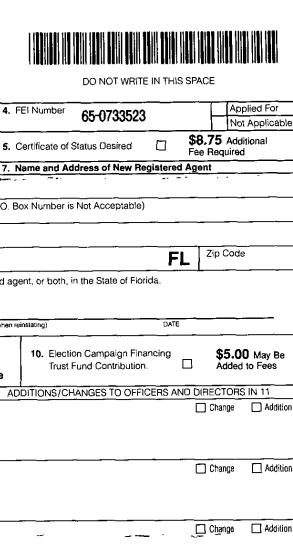
Mailing Address Principal Place of Business 8387 SW BIRD RD 8387 SW BIRD RD MIAMI FL 33155 MIAMI FL 33155-3353 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zin

## **FILED** May 01, 2000 8:00 am Secretary of State

05-01-2000 90020 033 \*\*\*150.00



LOPEZ, GREGORIO Street Address (P.O. Box Number is Not Acceptable) 11422 SW 41 ST **MIAMI FL 33165** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE PEREZ, MARCOS T NAME NAME STREET ADDRESS 6801 SW 147 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** Addition D ☐ Delete TITLE TITLE PEREZ. ORIOLA NAME NAME STREET ADDRESS STREET ADDRESS 6801 SW 147 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Addition ☐ Delete \_\_\_\_\_ TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

Country

-Name

13. I hereby certify that the information supplied with this filling 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 ap

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Date Davtime Phone #