

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90197 023 \*\*\*150.00

**DOCUMENT # P97000022565**

1. Entity Name  
**EL CAMPEON CAFETERIA INC.**

Principal Place of Business

11274 NW 6 TERA  
 MIAMI FL 33172

Mailing Address

11180 W FLAGLER ST  
 SUITE 9  
 MIAMI FL 33172  
 US

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 **65-0772161**

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

**GOMEZ, MARTHA E**  
**11274 NW 6 TERA**  
**MIAMI FL 33172**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **OBREBON, LUIS**  
 STREET ADDRESS **11274 NW 6 TERA**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **GOMEZ, MARTHA E**  
 STREET ADDRESS **11274 NW 6 TERA**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/02 (305) 225 1801

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

973327

August 6, 2002, 2002

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

#P97-000022565

Ref: Just Kids Salon Inc.  
P97000022565  
Form: 2002 UBR

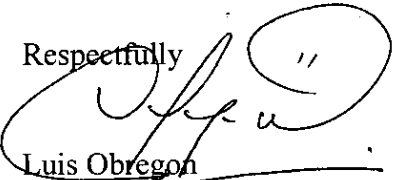
Dear Sir or Madame:

I am writing this letter in regards to my Uniform Business Report payment. I never received the first notice for my Uniform Business Report thus I was unaware that the payment was tardy. I have now received the second notice where I am being charged \$550.00. My next step was to contact your office in order to clarify the situation. As per my conversation with one of your representatives, I was instructed to send in a check in the amount of the original payment of \$150.00 rather than the \$550.00 fee being requested on the second notice application.

Enclosed you will find a check in the amount of \$150.00 as payment for my Uniform Business Report. I do want to state that this is the first time that there has been a discrepancy regarding my payment and unfortunately something that was not in my hands to correct before now. My business's financial stability is not in the condition to pay additional fees that have not been overlooked on my behalf. I hope that you pardon any late fees and accept my payment since I have always been prompt to file and pay prior to this.

I would like to thank you in advance for your attention regarding this delicate matter. If any additional information is needed please do not hesitate to contact me at the above address or at the following phone number, (305) 225-1801

Respectfully

  
Luis Obregon

President

EL CAMPEON CAFETERIA, INC.  
11180 W Flagler St. Ste. 9  
Miami, FL 33174