

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032672

1. Entity Name
TITI'S CAFE, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90053 003 ***150.00

Principal Place of Business

Mailing Address

7211 W 24 AVE
#2270
HIALEAH FL 33016

7211 W 24 AVE
#2270
HIALEAH FL 33016-6532

2. Principal Place of Business

59 W. 3RD. ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

4. FEI Number

65-0744451

Applied For

Not Applicable

Zip

33010

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABRERIZA, MIRIAM
7211 W 24 AVE
#2270
HIALEAH FL 33016

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.

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 \$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 PST
NAME CABRERIZA, MIRIAM
STREET ADDRESS 7211 W 24 AVE, #2270
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE PST
NAME CABRERIZA, MIRIAM
STREET ADDRESS 1665 W 76TH ST.
CITY-ST-ZIP PALM LAKES FL 33014 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: X Miriam Cabreriza MIRIAM CABRERIZA 11/21/00 305-885-5889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)