

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

DOCUMENT # P97000038636

1. Entity Name

Elsa's Cafe, Inc.

APPROVED
AND
FILED

02 MAY -9 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8025 NW 36st

Suite, Apt. #, etc.

#313

City & State

Miami FL

Zip

33166

Country

USA

3. Mailing Address

8025 NW 36st

Suite, Apt. #, etc.

#313

City & State

Miami FL

Zip

33166

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

650766942

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Maria E. Mercado

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

8025 NW 36 st

City

Miami

FL

Zip Code

33166

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)

☐

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 PD
NAME Maria E. Mercado
STREET ADDRESS 8025 NW 36 st #313
CITY-ST-ZIP Miami FL 33166

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Maria Elser Mercado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-02

Date

305-436-9889

Daytime Phone #

LAZARUS CORPORATE FILING SERVICES, INC.

3320 SW 87 AVENUE

MIAMI, FL 33165

(305) 552-5973

(305) 220-1440 FAX

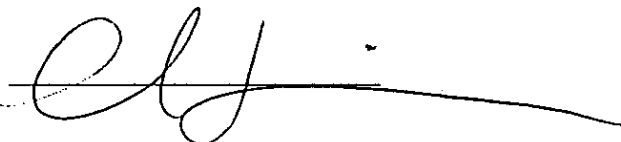
ATT: FL DEPARTMENT OF STATE
ANNUAL REPORT DEPT.

REF: ELSA'S CAFÉ, INC.

THIS LETTER IS TO NOTIFY YOUR OFFICE THAT OUR CLIENT NEVER RECEIVED THEIR 2002 ANNUAL REPORT, PLEASE NOTE THAT THEY'VE ALWAYS PAID EVERY YEAR ON TIME AND THAT THE CORPORATION IS IN GOOD STANDING UP TO DATE. ELSA'S CAFÉ AND OUR OFFICE WOULD APPRECIATE IF YOU CONSIDER THE WAVE OF THE PENALTY, AND PLEASE EXCUSE ANY INCONVENIENCE THIS MIGHT HAVE CAUSED YOUR OFFICE.

THANKING YOU IN ADVANCE,

MARTHA AGUILAR (FOR LAZARUS CORPORATE FILING SERVICE, INC.)

A handwritten signature in black ink, appearing to be 'MA' followed by a long horizontal stroke.

MARIA E. MERCADO (FOR ELSA'S CAFÉ, INC.)

A handwritten signature in black ink, reading 'Maria Elsa Mercado'.

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Elsa's Cafe, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
02 MAY - 9 AM 10:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA