

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

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

05-07-2002 90239 014 \*\*\*150.00

DOCUMENT # P97000065223  
1. Entity Name  
Alfredo's Cafe & Subs Shop Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10055 N.W. 28th TERRACE  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLA.

City & State

4. FEI Number 65-0383581  
Applied For  
Not Applicable

Zip 33172 Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Alfredo Blanco  
Street Address (P.O. Box Number is Not Acceptable)  
10055 N.W. 28th TERRACE  
City MIAMI FL Zip Code 33172

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 DPT  
NAME BLANCO, ALFREDO  
STREET ADDRESS 10055 N.W. 28th TERRACE  
CITY-ST-ZIP MIAMI, FLA. 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVS  
NAME BLANCO, ROSARIO  
STREET ADDRESS 10055 N.W. 28th TERRACE  
CITY-ST-ZIP MIAMI, FLA. 33172

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/24/02 305-599-9192  
Date Daytime Phone #

CR2E034B (12/01)