

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073120(2)

1. Entity Name

LOS RAPIDOS CAFETERIA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 8:01

Principal Place of Business

3196 NW 72nd Avenue
Miami, FL 33122

Mailing Address

3196 NW 72nd Avenue
Miami, FL 33122

2. Principal Place of Business
S.A.A.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0777512

Applied For
Not Applicable

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

Diaz, Andrea H.
1625 W. 6th Avenue
Hialeah, FL 33010

Name

Gary S. Rackear, Esq.

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

5975 Sunset Drive, Suite 604

City

South Miami

FL

Zip Code

33143

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.

GARY S. RACKEAR

(NOTE: Registered Agent signature required when reinstating)

09/25/00

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, 2000 Min. 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

TITLE P,T,D ☒ Delete
NAME Victor Peiro
STREET ADDRESS 560 NW 124 Avenue
CITY-ST-ZIP Miami, FL 33182

TITLE S ☒ Delete
NAME Mirta E. Peironne
STREET ADDRESS 560 NW 124 Avenue
CITY-ST-ZIP Miami, FL 33182

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P,S,T,D ☐ Change ☒ Addition
NAME Juan Miguel Sarmiento
STREET ADDRESS 3196 NW 72nd Avenue
CITY-ST-ZIP Miami, FL 33122

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

00

PRC: 9/25/00 305-718-9033

AD