

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089112

1. Entity Name

LINARES CAFETERIA CORPORATION

R

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90010 001 \*\*\*150.00

Principal Place of Business

12 N.W. FIRST STREET  
MIAMI FL 33128

Mailing Address

12 N.W. FIRST STREET  
MIAMI FL 33128

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

65-0781874

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

LINARES, HILDA  
12 N.W. FIRST STREET  
MIAMI FL 33128

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LINARES, GREGORIO  
12 N.W. FIRST STREET  
MIAMI FL 33128 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LINARES, HILDA  
12 N.W. FIRST STREET  
MIAMI FL 33128 ☐ Delete

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

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gregorio Linares*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT  
GREGORIO LINARES

Date

Daytime Phone #

7/28/2000 305-539-0508

CR2E034 (5/00)

Attachment # P97000089112  
DW76 937

LINARES CAFETERIA, INC.  
12 NW First Street  
Miami, Florida 33128

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

Dear Sir:

Per our telephone conversation, I am enclosing the second notice of this report together with the original \$150.00 amount. Like I explain to you, I never received the first notice.

Let me know by return mail if you need any other information regarding this matter.

Yours truly

  
Gregorio Linares