

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107811

1. Entity Name

WESTWARD CAFE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90246 003 ***150.00

Principal Place of Business

195 WESTWARD DR
MIAMI SPRINGS FL 33166

Mailing Address

C/O PEREZ BEHAR & ASSOC., INC.
14730 N.W. 10TH AVENUE
N. MIAMI FL 33168-2023
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PEREZ BEHAR & ASSOC., P.A.

Suite, Apt. #, etc.

13935 NW 1st AVENUE

MIAMI, FLORIDA 33168

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0800601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ BEHAR & ASSOCIATES, INC
14730 NE 10TH AVE
N MIAMI FL 33161

7. Name and Address of New Registered Agent

PEREZ BEHAR & ASSOC., P.A.

13935 NW 1st AVENUE
Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FLORIDA 33168

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	GONZALEZ, RENEE	
STREET ADDRESS	6301 NW 37TH TERR	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	DP	<input type="checkbox"/> Delete
NAME	POEY, LOURDES	
STREET ADDRESS	195 WESTWARD DR	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Renee Gonzalez
Renee Gonzalez

Date

4/3/00

Daytime Phone #

(305) 884 3959

CR2E034 (9/99)