

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008884

1. Entity Name

I LOVE YOU MIAMI CAFETERIA, CORP.

FILED

Mar 09, 2000 8:00 am  
Secretary of State

03-09-2000 90092 025 \*\*\*150.00

Principal Place of Business

Mailing Address

NW 8 ST

8500 NW 8 ST

302

302

MIAMI FL 33126

MIAMI FL 33126-3740

2. Principal Place of Business

3. Mailing Address

I LOVE MIAMI  
Suite, Apt. #, etc.  
8500 NW 8 ST #302

8500 NW 8 ST  
Suite, Apt. #, etc.  
MIAMI.

City & State  
MIAMI, FL.

City & State  
FLORIDA

Zip  
33126

Zip  
33126

Country  
USA

Country  
USA

4. FEI Number 65-0807781

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

CARRILLO, CARIDAD  
8500 NW 8 ST  
302  
MIAMI FL 33126

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
CARRILLO, CARIDAD  
8500 NW 8 ST, NO 302  
MIAMI FL 33126

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
GUNN, AIMEE  
2021 SW 4TH STREET  
MIAMI FL 33135

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

TITLE  
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STREET ADDRESS  
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☐ Delete

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

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 #

CR2E034 (9/99)