

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000019378**1. Entity Name  
**MARIA'S CAFE & GRILL, INC.****FILED**

02 DEC 30 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>33 E Ocean Blvd</b> Suite, Apt #, etc <b>Stuart</b> City & State <b>Stuart FL</b> Zip <b>34994</b> Country <b>USA</b>		3. Mailing Address <b>33 E Ocean Blvd</b> Suite, Apt #, etc <b>Stuart</b> City & State <b>Stuart FL</b> Zip <b>34994</b> Country <b>USA</b>		4. FFI Number <b>65-0956521</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		7. Name and Address of New Registered Agent			

6. Name and Address of Current Registered Agent

**CEDENO, MARIA**  
**2800 S.W. PIERSON RD.**  
**PORT ST. LUCIE FL 34953**

Name **Cedeno maria**  
Street Address (P.O. Box Number is Not Acceptable)  
**2431 SW Samson lane**  
City **Port Saint Lucie FL** Zip Code **34953**

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 **Maria Cedeno maria Cedeno** **10/1/02**  
(Signature typed or printed name of registered agent and file is applicable) (NOTE: Registered Agent Signature required when reappointing) DATE

9. (The corporation is eligible to satisfy its filing this Tax filing requirement and elects to do so (See criteria on back)) ☐

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	<b>D</b> <b>CEDENO, MARIA</b> <b>2800 PIERSON RD.</b> <b>PORT ST. LUCIE FL 34953</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cedeno, maria</b> <b>2431 SW Samson lane</b> <b>Port Saint Lucie FL 34953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CEDENO, ROBERTO</b> <b>2800 S.W. PIERSON RD.</b> <b>PORT ST. LUCIE FL 34953</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cedeno, Roberto</b> <b>2431 SW Samson lane</b> <b>Port Saint Lucie FL 34953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800012328938</b> <b>02/12/03--01011--001</b> <b>**158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

19. 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 prepare this report as required by Chapter 617, 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: **Maria Cedeno** **10/1/02** **772-2880730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Phone #

CR2E034 (9/01)



**Maria's Café & Grill, Inc.**

33 E. Ocean Ave., Stuart, Florida 334994

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November 19, 2002

Department of State of Florida  
Tallahassee, Florida

Attention: Michelle

Dear Michelle,

I am writing to you on behalf of Maria Cedeno, owner of Maria's Café & Grill, Inc.

Maria has been very ill since January of 2002 and has had no involvement with the operations of the business. She recently had back surgery, and is at home recovering. At this time her ability to return to work is still very undecided.

I have assumed the day-to-day operations of the business, however, I was not aware that the Corporation fee had not been paid. I actually found out by accident while renewing the restaurants beverage license.

I searched through mounds of paper work and could not find any renewal form. To the best of my knowledge a renewal form had not been received. I would greatly appreciate it if the penalty can be waived and the Corporation be reinstated. Please accept my sincerest apologies for this error. I can assure you this will not happen again, as processes have been implemented to prevent this type of slip up in the future.

If you have any questions or wish to contact me, I can be reached at 772-288-0730 or 772-201-1175.

Thank you for your cooperation in this very serious matter.

Sincerely,

Andrea Hagopian  
Manager (Maria Cedeno's Daughter)  
Maria's Café & Grill

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**Maria's Café & Grill, Inc.**

33 E. Ocean Ave, Stuart, Florida 334894

December 19, 2002

Department of State of Florida  
Tallahassee, Florida

Attention: Michelle

Dear Michelle:

I am writing to you on behalf of Maria Cedeno, owner of Maria's Café & Grill, Inc.

Maria has been very ill since February of 2002 and has had very limited involvement with the operations of the business. She recently had back surgery, and is at home recovering.

I have assumed the day-to-day operations of the business, however, I was not aware that the Corporation fee had not been paid. I actually found out by accident while renewing the restaurants beverage license.

In lieu of the above information, I am requesting that the late fee be waived.

If you have any questions or wish to contact me, I can be reached at 772-288-0730. Thank you for your cooperation in this very serious matter.

Sincerely,

Andrea Hagopian  
Manager  
Maria's Café & Grill

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