

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037501

1. Entity Name

LOS ANDES CAFETERIA, CORP.

Principal Place of Business

1351 S.W. 1ST STREET
MIAMI FL 33014

Mailing Address

1351 S.W. 1ST STREET
MIAMI FL 33135-2301

2. Principal Place of Business

1351 SW 1 ST

Suite, Apt. #, etc.

MIAMI FL

City & State

3. Mailing Address

SAIGE

Suite, Apt. #, etc.

City & State

Zip

33135

Country

DADE

Zip

Country

4. FEI Number

65-0834024

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

GIRON, ELIZABETH

2650 N.W. 28TH STREET, APT. 907
MIAMI FL 33142

Name

MAYDA ROSA AGUILAR

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

3722 S.W. 91st AVENUE

City

MIAMI

FL

Zip Code

33165

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

X Mayda R. Aguilar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/27/00

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 \$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	DP	<input checked="" type="checkbox"/> Delete
NAME	GIRON, ELIZABETH	
STREET ADDRESS	2650 N.W. 28TH STREET APT. 907	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, ELSA	
STREET ADDRESS	2650 N.W. 28TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
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		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYDA ROSA AGUILAR	
STREET ADDRESS	3722 S.W. 91st AVENUE	
CITY-ST-ZIP	MIAMI FL 33165	
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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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: X

Mayda R. Aguilar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

(305) 925-7711