

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044625

1. Entity Name  
PUERTO NICA CAFETERIA, INC.Principal Place of Business  
3034 N.W. 7TH AVENUE  
MIAMI FL 33127Mailing Address  
3034 N.W. 7TH AVENUE  
MIAMI FL 331272. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
Zip CountryCity & State  
Zip Country4. FEI Number  
**65-0836690**Applied For  
Not Applicable5. Certificate of Status Desired  
 **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

PAYAN, ROSA A  
2946 N.W. 15TH AVENUE 1452 NW 24 SF  
MIAMI FL 33142

## 7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 **PD**  Delete  
NAME PAYAN, ROSA A  
STREET ADDRESS 2946 N.W. 15TH AVENUE 1452 NW 24 SF  
CITY-ST-ZIP MIAMI FL 33142TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD**  Delete  
NAME MILLER, JIMMY R  
STREET ADDRESS 1452 NW 20TH ST 1452 NW 24 SF  
CITY-ST-ZIP MIAMI FL 33142TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
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CITY-ST-ZIPTITLE  Change  Addition  
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CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  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 reports 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

04-11-02

Date

Daytime Phone #

CR2E034 (9/01)