


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90138 045 \*\*\*150.00

DOCUMENT # *P98000045209* ✓  
1. Entity Name  
*Sabor Restaurant & Cafeteria, INC*



**DO NOT WRITE IN THIS SPACE**

**90073306**

2. Principal Place of Business  
*11710 NW South River Dr*  
3. Mailing Address  
*2647 W 74 ST*

DO NOT WRITE IN THIS SPACE

City & State  
*Medley, Florida*  
City & State  
*Hialeah, Florida*

Zip  
*33178* Country  
*USA* Zip  
*33016* Country  
*USA*

4. FEI Number  
*65-0860119*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Jorge Falla*

Street Address (P.O. Box Number is Not Acceptable)  
*2647 W 74 ST*

City  
*Hialeah* FL Zip Code  
*33016*

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE *[Signature]* *Jorge Falla, President* DATE *04/4/03*

January 1, May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <i>President</i> <i>Jorge Falla</i> <i>2647 W 74 ST</i> <i>Hialeah, FL 33016</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>DO NOT WRITE IN THIS SPACE</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Jorge Falla, President* DATE *04/4/03* TELEPHONE NO. *(305) 883 2989*

CR2ED034B (12/02)