2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 17, 2000 8:00 am Secretary of State DOCUMENT # **P98000093741** 1. Entity Name DOWNTOWN CAFETERIA & MARKET INC. 02-17-2000 90076 025 ***150.00 Principal Place of Business Mailing Address 254 SOUTHWEST 8TH STREET 254 SOUTHWEST 8TH STREET MIAMI FL 33130 MIAMI FL 33130-3514 OIAUIU 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0873625 Not Applicable Zip Country Country Žin. \$8.75 Additional 5. Certificate of Status Desired Fee Required .7._Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent-Name LOPEZ. ARELYS Street Address (P.O. Box Number is Not Acceptable) 254 S.W. 8TH STREET **MIAMI FL 33130** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD Addition ☐ Change TITLE ☐ Delete TITLE LOPEZ. ARELYS NAME NAME 254 SOUTHWEST 8TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIAMI FL 33130 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 regerver or truetee empowers, 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 attachi other like empowered.

ED MANE OF SIGNING OFFICER OR DIRECTOR