

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91611 042 \*\*\*150.00

**DOCUMENT # P99000026293**

**1. Entity Name**  
**ESPANOLA CAFE INC.**

**Principal Place of Business**  
**710 WASHINGTON AVE.**  
**MIAMI FL 33139**

**Mailing Address**  
**6709 KINGSMOORE WAY**  
**HIALEAH FL 33014**

**2. Principal Place of Business**  
**710 WASHINGTON AVE**

**3. Mailing Address**  
**710 WASHINGTON**

Suite, Apt. #, etc.  
**SUITE # 15**

Suite, Apt. #, etc.  
**APT # 221**

City & State  
**MIAMI BEACH, FL**

City & State  
**MIAMI BEACH, FL**

Zip  
**33139**

Country  
**USA**

Zip  
**33139**

Country

**4. FEI Number** **65-0904887**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OLIVO, JOSE**  
**8410 W. FLAGLER ST. STE. 208**  
**MIAMI FL 33144**

**7. Name and Address of New Registered Agent**

Name **RAUL VASQUEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**710 WASHINGTON APT 221**  
 City **MIAMI BEACH** **FL** Zip Code **33139**

**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  **RAUL VASQUEZ** **3/25/02**  
 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 State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MONTTOYA, LINDA M 720 WASHINGTON AVENUE APT 425 MIAMI FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OCHOA RESTREPO, JUAN G 2399 COLLINS AVENUE, APT. 620-A MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASQUEZ, RAUL 710 WASHINGTON AVENUE, APT.425 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>710 WASHINGTON AVENUE APT 221</b> <b>MIAMI BEACH, FLORIDA 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>710 WASHINGTON AVENUE APT 221</b> <b>MIAMI BEACH, FLORIDA 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:  **RAUL VASQUEZ** **3/25/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)