

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062827

1. Entity Name

CAFETERIA BUENOS AIRES CORP.

Principal Place of Business

120 NORTHEAST 1ST STREET
MIAMI FL 33132

Mailing Address

120 NORTHEAST 1ST STREET
MIAMI FL 33132-2502

2. Principal Place of Business

Suite, Apt #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc

City & State

Zip

Country

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90171 011 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

OLGA LIDIA VIGO

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

15001 N.E. 6TH AVE #103

City

N. MIAMI

FL

Zip

33161

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 (applicable)

(NOTE: Registered Agent signature required when not signing)

Date

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so ☐
(See criteria on back)

FEI FEE IS \$150.00
After 12/31/99 Fee will be \$550.00
Make Changes 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	PSTD	☒ Delete
NAME	MICELI, CARLOS A	
STREET ADDRESS	120 NORTHEAST 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	OLGA LIDIA VIGO	
STREET ADDRESS	15001 NE 6TH #103	
CITY-ST-ZIP	N. MIAMI, FL. 33161	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature