

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90151 006 ***150.00

DOCUMENT # P99000063869
 1. Entity Name
FRANCISCO CAFE, CORP.

Principal Place of Business
 1695 NE 179 Street
 Miami Florida 33162

Mailing Address
 1695 NE 179 Street
 Miami Florida 33162

2. Principal Place of Business
 661 West 60th Street
 Suite, Apt. #, etc.

3. Mailing Address
 661 West 60th Street
 Suite, Apt. #, etc.

City & State
 Hialeah Florida

City & State
 Hialeah Florida

4. FEI Number
 65-0934631

Applied For
 Not Applicable

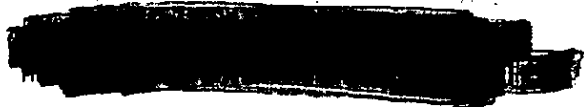
5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip
 33012

Country
 U.S.A.

Zip
 33012

Country
 U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~FRANCISCO LINARES
 1695 NE 179 Street
 Miami Florida 33162~~

7. Name and Address of New Registered Agent

Name
ALBA GOMEZ

Street Address (P.O. Box Number is Not Acceptable)
661 West 60th Street

City
Hialeah

Zip Code
33012

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 Alba Gomez **ALBA GOMEZ** **3/6/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when testating) DATE

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

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCISCO LINARES 1695 NE 179 Street Miami Florida 33162	<input checked="" 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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALBA GOMEZ 661 West 60th Street Hialeah Florida 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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)(f), 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: Alba Gomez **ALBA GOMEZ** **3/6/2000** **(305) 362-9139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR