2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 JUN 20 PM 12:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000068343

1. Entity Name
KRYSTAL RESTAURANT-CAFE, CORP.

2. Principal Place of Business	3. Mailing Address
3804 West12th Avenue	1975 N.E. 135 Street 2-E
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2-E
City & State: Hialeah Florida	City & State: Miami Florida
Zip: 33012 Country:	Zip: 33181 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0945966 ☐ Applied For ☐ Not Applicable

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

GIL, ANDRES
3828 West 16 Ave
Hialeah Fl 33012

7. Name and Address of Current Registered Agent

Name: NOEL TORRES

Street Address (P.O. Box Number is Not Acceptable): 1975 N.E. 135th Street

Apartment 2-E

City: Miami FL Zip Code: 33181

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: Noel Torres 5/23/2002

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) ☐

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

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

11. OFFICERS AND DIRECTORS

TITLE	PD	Delete ☒	
NAME	GIL, ANDRES		
STREET ADDRESS	3828 W 16 Ave		
CITY-ST-ZIP	Hialeah Fl 33012		
TITLE	PD	Change ☒	
NAME	TORRES, NOEL		
STREET ADDRESS	1975 N.E.135th Street #2-E		
CITY-ST-ZIP	Miami Fl 33181		
TITLE			
NAME		500006106625--9	
STREET ADDRESS		-06/28/02--01062--003	
CITY-ST-ZIP		****150.00 ****150.00	
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Noel Torres 5/23/2002 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KRYSTAL RESTAURANT-CAFE CORP
1975 NE 135 Street 2-E
Miami Florida 33181

June 14, 2002.

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Tallahassee Florida

Re.: Document #P99000068343 - UBR2002

Gentlemen:

The reference of this letter is to advice the fact, that I am sending my Annual Report late due to I did not received the Annual Report Form.

I just find out that the 1st of May had to be paid to be on time, I am sorry for this inconvenience, but for further years I promess, that this delay in fling my report not will happen to me again.

I appreciated your help in this matter, and accept my payment of $150.00.

Sincerely yours,

Noel Torres

Noel Torres, President
KRYSTAL RESTAURANT-CAFE CORP

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. KRISTAL RESTAURANT-CAFE, CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

RECEIVED
02 JUN 20 AM 11:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[X] Walk in [X] Pick up time 2.00 [ ] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
X	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	