

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90188 014 ***150.00

DOCUMENT # P99000068343

1. Entity Name

KRYSTAL RESTAURANT-CAFE, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3804 West 12 Avenue

3. Mailing Address
1975 NE 135 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 2-E

City & State
Guahe Hialeah Florida

City & State
Miami Florida

4. FEI Number 65-0945966

Applied For
Not Applicable

Zip 33012

Country USA

Zip 33181

Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TORRES, NOEL

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

1975 NE 135 Street Ste 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

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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME TORRES, NOEL
STREET ADDRESS 1975 NE 135 St Apt 29E
CITY-ST-ZIP Miami FL 33181

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2004 (305) 362 9139