

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jul 25, 2000 8:00 am  
Secretary of State

05-19-2000 90080 004 \*\*\*150.00

DOCUMENT # P99000070874

1. Entity Name

THE LITTLE CAFE, INC.

R

Principal Place of Business

8700 WEST FLAGLER STREET  
STE 115  
MIAMI FL 33174

Mailing Address

8700 WEST FLAGLER STREET  
STE 115  
MIAMI FL 33174-2428

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0943989

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JESUS R  
2160 SW 137 PLACE  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name OLIVER H. MARTINEZ

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

3040 N.W. 6th St.

City MIAMI

FL

Zip Code 33125

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PRES. & DIR.	<input type="checkbox"/> Delete
NAME	SEGUNDO PLA JR.	
STREET ADDRESS	4630 S.W. 1st.	
CITY-ST-ZIP	MIAMI, FL. 33134	
TITLE	TRES. & SEC. & DIR.	<input type="checkbox"/> Delete
NAME	JESSICA R. PLA.	
STREET ADDRESS	4630 S.W. 1st.	
CITY-ST-ZIP	MIAMI, FL. 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

Date

Daytime Phone #

CR 014 (MAY 01)