

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90234 043 \*\*\*150.00

0141966 SP

**DOCUMENT # P99000071999**

1. Entity Name  
**EL TROPI CAFE, INC.**

Principal Place of Business

**4585-4587 NW 7 ST.  
 MIAMI FL 33126**

Mailing Address

**4585-4587 NW 7 ST.  
 MIAMI FL 33126**

**A0078308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0940046**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BLANCH, JUANA M  
 4585-4587 NW 7 ST.  
 MIAMI FL 33126**

Name

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

City

**FL**

Zip Code

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 BLANCH, JUANA M  
 4585-4587 NW 7 ST.  
 MIAMI FL 33126** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/13/01 (305) 529-1610**

CR2E034 (5/01)

Attachment  
D#P99000071999  
A0078308

EL TROPI CAFE, INC.  
4585 N.W. 7TH STREET  
MIAMI, FLORIDA 33126  
(305) 529-1610  
FAX: (305) 529-9132

July 13, 2001

OTHER CORRESPONDENCE ADDRESS  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: CORP.: EL TROPI CAFE, INC.  
DOCUMENT #: P990000 71999  
FEI #: 65-0940046

Dear Sir/Madam:

As instructed by your telephone operator today, enclosed please find our check in the sum of \$150.00 representing payment of 2001 Uniform Business Report form. I just received the form today for the first time. Apparently the first filing form was lost in the mail and we never received it.

We thank you for your attention and cooperation in this matter.

Sincerely,

  
JUANA BLANCH,  
President/Treasurer for  
EL TROPI CAFE, INC.