

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90165 027 ***150.00

DOCUMENT # P99000073623

1. Entity Name

ASOJANO'S CAFE, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2840 S.W. 129 Avenue

Suite, Apt. #, etc.

3. Mailing Address

1241 S.W. 136th Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami Florida 33184

4. FEI Number
65-0951634

Applied For
☐ Not Applicable

Zip 33175 **Country** USA

Zip **Country**

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 SIGLER, JOSE A

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

1241 S.W. 136th Place

City Miami **FL** **Zip Code** 33184

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

11. OFFICERS AND DIRECTORS

TITLE DP
NAME SIGLER, JOSE A
STREET ADDRESS 1241 S.W. 136th Place
CITY-ST-ZIP Miami FL 33184

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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

JOSE A. SIGLER

4/29/2004 (305)

Date Daytime Phone #

CR2E034B (12/01)