

2000 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-05-2000 90051 026 ***150.00

DOCUMENT # P99000085900

1. Entity Name
CANCUN CAFE, INC.

Principal Place of Business Mailing Address
13TH ST. 4101 13TH ST.
ST. CLOUD FL 34769 ST. CLOUD FL 34769-6701

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 59-3603135 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTINEZ, RAMON A
1909 20TH ST.
VERO BCH FL 32960

7. Name and Address of New Registered Agent

Name RAMON A. MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
4101 13TH ST.
City ST. CLOUD FL Zip Code 34769

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 *Ramon A. Martinez* 4/24/00
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	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, RAMON A	
STREET ADDRESS	1909 20TH ST.	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIMENEZ, RAUL F	
STREET ADDRESS	1909 20TH ST.	
CITY-ST-ZIP	VERO BCH FL 32960	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON A. MARTINEZ	
STREET ADDRESS	510 PONDEROSA DR.	
CITY-ST-ZIP	ST. CLOUD, FL. 34769	
TITLE	RAUL F. JIMENEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	810 COLUMBIA AVE. #A	
STREET ADDRESS	ST. CLOUD, FL. 34769	
CITY-ST-ZIP		
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		
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: *Ramon A. Martinez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

407-957-4355
Daytime Phone #

CF2E034 (9/99)