FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2004 8:00 am
Secretary of State
06-07-2004 90005 046 ***150.00

DOCUMENT # P99000085900

1. Entity Name
CANCUN CAFE, INC

DO NOT WRITE IN THIS SPACE

14023446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4101 13TH ST	4101 13TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST CLOUD, FL	City & State: ST CLOUD, FL
Zip: 34769 Country: U.S.A.	Zip: 34769 Country: U.S.A.

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

7. **Name and Address of Current Registered Agent**
Name: MARTINEZ, RAMON A.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: x Ramon a Martinez — 6 4-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	MARTINEZ, RAMON A.	NAME	
STREET ADDRESS	4101 13TH ST	STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34769	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: x Ramon a Martinez RAMON A MARTINEZ — 6-4-04 — 407 957 4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #