

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

1 of 2

**FILED**

02 JUL 18 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088945

1. Entity Name

Ocean Cafe Restaurant, Corp

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

782 NW 42 Ave

3. Mailing Address

(Same)

Suite, Apt. #, etc.

Mezzanine

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

33126 Dade

Zip

Country

4. FEI Number

65-0951059

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Aurelio A. Piedra

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

780 NW Le Jeune #516

# 516

City

Miami

FL

Zip Code

33126

**DO NOT WRITE  
IN THIS SPACE**

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.

Aurelio A. Piedra

6/10/02

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.S. D. VP T  
JUAN CURA  
782 NW 42 Ave  
Miami, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200007673902--6  
-09/12/02--01005--001  
\*\*\*\*308.75 \*\*\*\*308.75

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CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CURA

Date

6/10/02 (305) 443-7122

Daytime Phone

CR2E034B (12/01)

202

VARGAS, PIEDRA & CO.  
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS  
AMERICAN AND FLORIDA  
INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516  
LE JEUNE CENTRE  
780 N.W. LE JEUNE ROAD  
MIAMI, FLORIDA 33126  
TELEPHONE  
(305) 443-7122

June 10, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

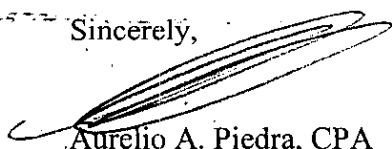
RE: OCEAN CAFE RESTAURANT CORP.  
DOCUMENT NO. P99000088945

Enclosed you shall find a check in the amount of \$308.75 for the reinstatement of the above mentioned company. The president and owner of the company was out of the country and was never notified of the annual report for the company.

Please void the penalties that were applied to the above mentioned company and reinstate, accordingly.

Thank you for your cooperation regarding this matter. If you should have any questions do not hesitate to call me.

Sincerely,



Aurelio A. Piedra, CPA

AAP/dci