

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90030 013 ***150.00

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1. Entity Name
YUNIER'S CAFETERIA AND LAUNDRY, INC.



Principal Place of Business
**2710 S.W. 1ST STREET
MIAMI, FL 33135**

Mailing Address
**2710 S.W. 1ST STREET
MIAMI, FL 33135**



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0962613** 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

**GARCIA, LUIS
621 N.W. 23RD PLACE
MIAMI, FL 33125**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, LUIS
STREET ADDRESS 621 N.W. 23RD PLACE
CITY-ST-ZIP MIAMI, FL 33125

TITLE SD
NAME GARCIA, BELKYS
STREET ADDRESS 621 N.W. 23RD PLACE
CITY-ST-ZIP MIAMI, FL 33125

TITLE T
NAME LAM, OSCAR
STREET ADDRESS 621 N.W. 23RD PLACE
CITY-ST-ZIP MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luis Garcia (President)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

Daytime Phone #