

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90143 037 \*\*\*150.00

**DOCUMENT # P99000101247**

1. Entity Name  
**JENNY'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**



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 **65-0962613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORRUA, MANUEL  
14315 SW 45 TERR  
MIAMI FL 33175**

Name **LUIS GARCIA**

Street Address (P.O. Box Number Not Acceptable) **621 N.W. 23RD PLACE**

City **Miami** FL **33125**

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 *Luis Garcia*

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, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PORRUA, MANUEL	
STREET ADDRESS	14315 S.W. 45TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PORRUA, MANUEL	
STREET ADDRESS	14315 SW 45TH TERR	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Garcia	
STREET ADDRESS	621 N.W. 23RD PLACE	
CITY-ST-ZIP	Miami Fla. 33125	
TITLE	SO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Belky's Garcia	
STREET ADDRESS	621 N.W. 23RD PLACE	
CITY-ST-ZIP	Miami Fla. 33125	
TITLE	JOSEPH LAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH LAM	
STREET ADDRESS	621 N.W. 23RD PLACE	
CITY-ST-ZIP	Miami Fla. 33125	
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		

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: *Belky's Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)