

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102188

1. Entity Name

CAFE SABROSO CORPORATION

Principal Place of Business

4800 WEST FLAGLER STREET
SUITE 1 AND 2
MIAMI FL 33134

Mailing Address

4800 WEST FLAGLER STREET
SUITE 1 AND 2
MIAMI FL 33134

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

65-0962996

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

PILA, TOMAS A
2525 SW 3RD AVENUE
SUITE 304
MIAMI FL 33129

Name

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

City

FL

Zip Code

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	DULZADES, CARMEN	
STREET ADDRESS	9741 NW 31ST STREET	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	DE LA BARGA, ENRIQUE	
STREET ADDRESS	255 WEST 24TH STREET APT. 404	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SANTIAGO CABANA JR.	<input type="checkbox"/> Delete
NAME	7351 S.W. 21 ST	
STREET ADDRESS	MIAMI FLORIDA 33155	
CITY-ST-ZIP		
TITLE	V.P.S.D. MILEIDY VEGA	<input type="checkbox"/> Delete
NAME	7351 S.W. 21 ST	
STREET ADDRESS	MIAMI FLORIDA 33155	
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		<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	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTIAGO CABANA JR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILEIDY VEGA	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANTIAGO CABANA JR MILEIDY VEGA

Date

Daytime Phone #

6/2/2000

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90039 021 ***550.00



DO NOT WRITE IN THIS SPACE