FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91148 009 ***150.00

DOCUMENT # P99000105863

1. Entity Name
Casa Mima Cafeteria, Corp. Exchange
Casa Mima Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
211 NW 46 Avenue	211 NW 46 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0976172 ☐ 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: Pozo, Mayra

Street Address (P.O. Box Number is Not Acceptable): 211 NW 46 Avenue

City: Miami FL Zip Code: 33126

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: Mayra Pozo Mayra Pozo 4-30-02
Signature of new registered agent (if changing) | Type or printed name of person signing | 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	PD
NAME	Pozo, Mayra
STREET ADDRESS	211 NW 46 Avenue
CITY-ST-ZIP	Miami FL 33126
TITLE	SD
NAME	Pozo, Fernando P. Delete
STREET ADDRESS	211 NW 46 Avenue
CITY-ST-ZIP	Miami FL. 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Mayra Pozo 4-30-02 (305) 525-8526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #