

2000 UNIFORM BUSINESS REPORT (UBR)

4/4/0

FILED
May 11, 2000 8:00 am
Secretary of State

04-04-2000 90015 022 ***150.00

DOCUMENT # S08570

1. Entity Name

CAFE CART #2, INC.

Principal Place of Business

Mailing Address

8505 MILLS DR

#229

MIAMI FL 33183

US

3301 PONCE DE LEON BLVD

SUITE 220

CORAL GABLES FL 33134-6134

US

2. Principal Place of Business

3. Mailing Address

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 309

City & State

City & State

CORAL GABLES, FL

Zip

Country

Zip

Country

33134

USA

4. FEI Number

65-0223631

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

ARAZOZA & COMAS, P.A.

101 MADEIRA AVENUE

CORAL GABLES FL 33134

Name

ARAZOZA & COMPANY, PA

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

2100 SALZEDO ST.

SUITE #300

City

CORAL GABLES

FL

Zip Code
33134

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Ignacio Garcia

3/31/00

9. This corporation:
Tax filing required
(See criteria on)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11.

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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

IGNACIO GARCIA

Date

3/21/00

Daytime Phone #

305 444-8050

CR2E034 (9/99)