

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64979

1. Entity Name

PIPO & SON RESTAURANT/CAFETERIA, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90135 035 ***150.00

00006116



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7233 WEST HILLSBOROUGH AVE.
TAMPA FL 33634-4951

Mailing Address
7233 WEST HILLSBOROUGH AVE.
TAMPA FL 33634-4951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3073806

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HERNANDEZ, MR. RAMON, SR.
7233 W. HILLSBOROUGH AVE.
TAMPA FL 33614

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 PD
NAME HERNANDEZ, RAMON SR.
STREET ADDRESS 7233 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVD
NAME HERNANDEZ, OSMIDA
STREET ADDRESS 7233 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME HERNANDEZ, DANIEL
STREET ADDRESS 7233 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

RAMON HERNANDEZ SR.

Date

Daytime Phone #

01/07/2000 892-0184

CR2E034 (9/99)