## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # V73734** PIPO'S JR. CAFE, INC. 01-29-2001 90132 048 \*\*\*150.00 Principal Place of Business Mailing Address 3879 NORTHDALE BLVD 3879 NORTHDALE BLVD STE 3879 STE 3879 TAMPA FL 33624 TAMPA FL 33624 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3155157 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, RAMON JR. Street Address (P.O. Box Number is Not Acceptable) 15008 N. LAKESIDE COVE CT. ODESSA FL 33556 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE Change ☐ Addition NAME HERNANDEZ, RAMON JR NAME STREET ADDRESS 7219 N. HUBERT AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL SVD TIBE ☐ Delete ☐ Addition TITLE Change HERNANDEZ, MARIA C. NAME NAME STREET ADDRESS 7219 N. HUBERT AVE. STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: