

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91188 033 ***150.00

DOCUMENT # L00000009763

1. Entity Name
THE SOPRANO COFFEE CO., L.L.C.

Principal Place of Business

**C/O VINCHENZO APA
 215 N FEDERAL HWY
 HALLANDALE FL 33009**

Mailing Address

**C/O VINCHENZO APA
 215 N FEDERAL HWY
 HALLANDALE FL 33009**

2. Principal Place of Business

646 LINCOLN RD

Suite, Apt. #, etc.

3. Mailing Address

646 LINCOLN RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH FL

Zip

33139

Country

USA

City & State
MIAMI BEACH FL

Zip

33139

Country

USA

4. FEI Number **65-1035492**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 -Fee Required-

6. Name and Address of Current Registered Agent

**APA, VINCHENZO
 215 N FEDERAL HWY
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **APA VINCHENZO**
 Street Address (P.O. Box Number is Not Acceptable)
646 LINCOLN RD
 City **MIAMI BEACH** **FL** Zip Code **33139**

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]*
 Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	APA, VINCHENZO	
STREET ADDRESS	215 N FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE FL 33009	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APA VINCHENZO	
STREET ADDRESS	646 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL, 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED VINCHENZO APA PRES.** **4/30/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)