

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97250

1. Entity Name
NEWS CAFE, INC.

Principal Place of Business
NEWS CAFE
800 OCEAN DRIVE
MIAMI BEACH FL 33139
US

Mailing Address
% NEWS CAFE
800 OCEAN DRIVE
MIAMI FL 33139
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33139

Dade

6. Name and Address of Current Registered Agent

DAVIS, JEFFREY R
800 OCEAN DR.
MIAMI BEACH FL 33139

4. FEI Number

65-0082991

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Beatriz Capote P.A.
Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Ave.
17 Floor
City Miami, FL FL Zip Code 33131

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

Beatriz Capote

8-21-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE PTD
NAME SOYKA, MARK ☐ Delete
STREET ADDRESS 800 OCEAN DR.
CITY-ST-ZIP MIAMI BEACH FL

TITLE VSD ☒ Delete
NAME DAVIS, JEFFREY R
STREET ADDRESS 800 OCEAN DR.
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/V/D/T/S ☒ Change ☐ Addition
NAME SOYKA MARK
STREET ADDRESS 5582 NE 4th, Unit #6
CITY-ST-ZIP Miami, FL 33137

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

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

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

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:

Mark Soyka

8/2/01 (305) 444-7588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90116 027 ***558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)