

Amended

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078472

1. Entity Name
COLONY THEATER CAFE, INC.

FILED

00 OCT 20 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5556 N.E. 4TH COURT
MIAMI FL 33137

Mailing Address
5556 N.E. 4TH COURT
MIAMI FL 33137-2606

2. Principal Place of Business
Suite, Apt. # etc

3. Mailing Address
Suite, Apt. #, etc

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-0950485

Applied For
Not Applicable

6. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

CAPOTE, BEATRIZ M
1101 BRICKELL AVENUE, 17TH FLOOR
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	VP/ST Soyka Mark 584 NE 57 St. MIAMI, FL 33137
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	VP/S Graziano Sbroggio 11 Island Ave. #164H Miami Beach, FL 33139
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	100003447581-3 -11/01/00-01103-007 *****61.25 *****61.25
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	

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 changed, or on an attachment with an address, with another like empowered.

Date 4/27/00 (305) 759-
Cynthia Pharis