FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U	INIFORM BUSINE	SS REPORT	(UBR)		THE PA
DOCUMENT # 465779 1. Entity Name			,		"AMENDMENT" 03 JUL 28 - AF - 5: 75
CAFE	TERIA AYESTARAN, INC.				TALLAHASSEE, FLORIDA
,	DO NOT WRITE	IN THIS SF	PACE		1 2 3 -
		r			JU T
Principal Place of Business 2300 Coral Way		3. Mailing Address 2300 Coral Way			H 72 T
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE OF
Suite # 200		Suite # 200			
City & Sta		City & State Miami, Florida		\ 4.	FEI Number 59-1591012 Applied For Mot Applied For
		Zip	Country		-\$8.75 Additional
3314 <u>5</u>	US	33145	US	5.	Certificate of Status Desired Fee Required
		-		7. N	Name and Address of Current Registered Agent
	DO NOTAN	inal i salin ilma	Name	FLORID	A ANNUAL REPORT SERVICES, INC.
	DO NOT W	KIIE	Street A		Box Number is Not Acceptable)
	IN THIS SP	ACE	<u> </u>		
IN THIS STAGE				2300 Coral Way, Suite 200	
		_	City	Miami	FL Zip Code 33145
SIGNATURE	Signature, trood of number name of registered agent an		Registered Agent signat	ure required when	PEZ, President 7-15-03 reinstating) DATE
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1	ay 1 Fee is \$15 I, Fee is \$550.00 UBR is \$61.25 e to Departmen)	10. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees
11.	OFFICERS AND D	DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLEONART, RODOLFO 7135 Collins Ave, Apt Miami Beach, Fl 3314		TITLE NAME STREET ADDRESS CITY-ST-ZIP		400022081364 08/06/0301002019 **61.25
TITLE	SD		TITLE		
NAME STREET ADDRESS CITY-ST-ZIP	LLEONART, ORESTES 9255 S.W. 35th Street Miami, FL 33165	:	NAME STREET ADDRESS CITY-ST-ZIP	-	The second of th
TITLE	VPD		TITLE		
NAME EXPECT ADDRESS	LLEONART, JORGE		NAME	}	<i>b</i>
STREET ADDRESS CITY_ST-ZIP	3021 S.W. 18th Street		STREET ADDRESS CITY-ST-ZIP	ļ	DO NOT WRITE
THILE	Miami, Fl 33145 TD		TITLE	 	la constante de la constante de
AME	LLEONART, JR, ORESTES	· }	: NAME		IN THIS SPACE
STREET ADDRESS	9255 S.W. 35th Street		STREET ADDRESS	1	***
CITY-ST-ZIP	Miami, FL 33165		CITY-ST-ZIP		
TITLE	}		TITLE		
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CITY-ST-ZIP			CITY-ST-ZIP		*
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NAME			NAME		V OOR (
STREET ADDRESS			STREET ADDRESS	}	(A) ((A)
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	L	
of the co	i on this report of supplemental report is t	rue and accurate and that my wered to execute this report	y signature snali n	ave tne same	n 119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 11 or on an

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03

(305)643-0517

Daytime Phone #