| DOCUMENT # K-47352 1. Entity Name MIAHI CAFE COMPONITION | | | | | | 3/6/00-90127-039-\$150.00-\$150.00 , FILED OO APR -3 AMII: 47 | | | | | | | | | | | | |
|--|--|---|------------------------|-------------------|---|--|-----------------|-----------------------------|--|-----------------|------------|-----------------|---------------|--------------|---|-------------------------------------|--------------------|--|
| | | | | | | | | | | Principal Place | | Mailing Address | _ | | | SECRETARY OF S TAKELAMASSEE, FLA | | |
| | | | | | | | | | | 610 | O BLUE LAC | 001 DA\$140 | | ٠. | 1 | | <u>कार्यक्रिये</u> | |
| 6100 BLUE LAGOOD DAY140 MIANI FIA 33126-2085 | | | | | | A0028112 | | | | | | | | | | | | |
| 2. Principal Pi | at Place of Business 3. Mailing Address | | | | | | ; | | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | , | | DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | |
| City & State | & State City & State | | | | | 4. FEI Number 65-0115439 | <u> </u> | oplied For of Applicable | | | | | | | | | | |
| Zip | Country | Zip | Coun | try | | 5 Carrificate of Status Desired | \$8.75 Add | | | | | | | | | | | |
| | 6. Name and Address of | Current Registered Agent | ! | | | 7. Name and Address of New Registered | | | | | | | | | | | | |
| | T 1 | | | Name | ne | | | | | | | | | | | | | |
| IGIESIAS JOSEANA Street | | | | | dress (P.O. Box Number is Not Acceptable) | | | | | | | | | | | | | |
| 1° | MIANI, FIA. 33183 | | | | | | 7:0-1 | | | | | | | | | | | |
| · | F | | • | City | | FL FL | Zip Cod | | | | | | | | | | | |
| 8. The above | named entity submits this sta | tement for the purpose of changing its | registere | ed office or n | egistered | d agent, or both, in the State of Florida. | | | | | | | | | | | | |
| SIGNATURE | Sphanze, typed by printed name of region | South South | E: Flegustere | d Agent signature | e required w | hen reinstating) OATE | n)_ | | | | | | | | | | | |
| Tax filing re | oration is eligible to satisfy its le equirement and elects to do s ria on back) | PROCESSES STORY | 00 Fee | will be \$55 | 0.00 | 10. Election Campaign Financing Trust Fund Contribution. | | May Be i to Fees | | | | | | | | | | |
| 11. | OFFICE | RS AND DIRECTORS | 12. | A MANAGAMENTA | Estimates | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR | | | | | | | | | | | |
| IIITE | PTD | ☐ Delete | TITL | ſ | | | Change | ☐ Addition | | | | | | | | | | |
| name Street address | Iclesias, CA | | NAM STRE | et adoress | | | | | | | | | | | | | | |
| CITY-ST-ZIP | 15810 Sa | 149 TERRACE | CITY | -ST-ZIP | | | | C saddina | | | | | | | | | | |
| title Name Street address | Jelenia, V | Mary Bound TOSEFINA 49 TEMPLE MONDON | nam Stre | | | | ☐ Change | Addition , | | | | | | | | | | |
| CITY-ST-ZIP | 15810 500 | 43 IEMHEE | | -ST-ZIP | | | ☐ Change | ☐ Addition | | | | | | | | | | |
| NAME STREET ADORESS | | My an veryele C | 1 | ET ADDRESS | | | _ ss ş . | | | | | | | | | | | |
| CITY-ST-ZIP | | | - Intu | -SI-ZIP | | | Change_ | Addition | | | | | | | | | | |
| NAME STREET ADDRESS | | Delete | NAM STR | - 1 | | | | | | | | | | | | | | |
| CIT'I -31 - 249 TITLE | | ☐ Delete | III. | | - | | ☐ Change | Addition | | | | | | | | | | |
| NAME STREET ADDRESS | | | | ET ADDRESS | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | Delete | TITL | -ST-ZIP | | | ☐ Change | ☐ Addition | | | | | | | | | | |
| NAME STHEET ADDRESS | | - | - NAM | ET ADDRESS | | | | . | | | | | | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | tion 110 07/2Vi) Florida Cratitan I fruther no | rify that the i | information | | | | | | | | | | |
| indicated of the cor | i on this report or supplement poration or the receiver or tru | | my signa : as requi | | | tion 119.07(3)(i), Florida Statutes. I further ceame legal effect as if made under oath; that I Florida Statutes; and that my name appears i | | | | | | | | | | | | |
| SIGNAT | URE: 🗡 🣿 | Horas | | | · · _ | 2-29-10 | | | | | | | | | | | | |
| | | TYPED OR PRINTED NAME OF SIGNING OFFICER | OR DIREC | TOR Q | ->1 | Date | Daylime Phone # | | | | | | | | | | | |
| | | | ~ 9-3- | ries. | | ·/ · | _ | | | | | | | | | | | |