

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

01-24-2002 90353 049 ****50.00

DOCUMENT # L01000011691

1. Entity Name

KAFFE & NET, L.L.C.

Principal Place of Business

**5301 BLUE LAGOON DRIVE, SUITE 190
 MIAMI FL 33126**

Mailing Address

**5301 BLUE LAGOON DRIVE, SUITE 190
 MIAMI FL 33126**

2. Principal Place of Business

401 Biscayne Blvd.

3. Mailing Address

444 Biscayne AVE.

Suite, Apt. #, etc.

N 235

Suite, Apt. #, etc.

Suite 51-175

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33132

Country
USA

Zip

33131

Country
USA

6. Name and Address of Current Registered Agent

JASIN, HERNAN

**5301 BLUE LAGOON DRIVE, SUITE 190
 MIAMI FL 33126**

4. FEI Number

65-1121908

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Alexandro Bisio

Street Address (P.O. Box Number is Not Acceptable)

645 Bird Road

City

Coconut Grove

FL

Zip Code

33146

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

Alex Bisio - President

1/20/02

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT ALEXANDRO BISIO 645 BIRD ROAD COCONUT GROVE, FL 33146 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT ALEXANDRO BISIO 645 BIRD ROAD COCONUT GROVE, FL 33146 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Alex Bisio - President

1/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)