

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90017 048 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO1000016180

1. Entity Name

CAFE ORO NEGRO, LLC

Principal Place of Business

999 BRICKELL AVE.  
SUITE 700  
MIAMI FL 33131

Mailing Address

999 BRICKELL AVE.  
SUITE 700  
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

65-1139575

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GRISALES & ALFANO, LLC  
999 BRICKELL AVE.  
SUITE 700  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

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 ☐ 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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
 NAME MANAGING MEMBER, PRESIDENT  
 STREET ADDRESS ANA ELVIRA TARGUENO  
 CITY-ST-ZIP 999 BRICKELL AV. SUITE 700  
MIAMI, FL 33131

TITLE ☐ Change ☒ Addition  
 NAME MANAGING MEMBER, SECRETARY  
 STREET ADDRESS CAFE CREMA BAR SENC  
 CITY-ST-ZIP 999 BRICKELL AVENUE SUITE 700  
MIAMI, FL 33131

TITLE ☐ Change ☒ Addition  
 NAME MANAGING MEMBER, SECRETARY  
 STREET ADDRESS HOSTADERO CAFE ORO NEGRO SENC  
 CITY-ST-ZIP 999 BRICKELL AV SUITE 700  
MIAMI, FL 33131

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

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

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

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

01/21/2002 (305) 3774555

Date

Daytime Phone #

CR2E083 (9/01)