

FILED
May 24, 2002 8:00 am
Secretary of State

03-29-2002 91213 018 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020319

1. Entity Name

SWEET HOME CAFE, L.L.C.

Principal Place of Business

650 N.W. 43RD AVE.
MIAMI FL 33126-5406

Mailing Address

P.O. BOX 402096
MIAMI BEACH FL 33140-0096

86083

2. Principal Place of Business

865 COLLINS AV.

Suite, Apt. #, etc.

UNIT C

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

4. FEI Number

80-0006393

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

Country

5. Certificate of Status Desired

☒\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, EMILIO CPA
650 N.W. 43RD AVE.
MIAMI FL 33126-5406

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 re-registering)

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 MANAGING MEMBER/DIR
 STREET ADDRESS UMBERTO CADORE
 CITY-ST-ZIP 865 COLLINS AVE
 MIAMI BEACH, FL 33139

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIG. Coolidge Mutek MANAGING MEMBER
 CADORE UMBERTO MAR. 15, 2002

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

Date

Daytime Phone #

CR2E083 (9/01)