FILED
May 28, 2003 8:00 am
Secretary of State

04-28-2003 91003 015 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014359

1. Entity Name
MEDITERRANEO'S CAFE LLC

44002763

Principal Place of Business	Mailing Address
7044 INTERNATIONAL DR. ORLANDO, FL 32819	7044 INTERNATIONAL DR. ORLANDO, FL 32819

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		5148 SUN PALM DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: WINDERMERE FL	
Zip	Country	Zip: 34786	Country

4. FEI Number: 41-2047687 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUERRERO, CARMEN 5148 SUN PALM DR. WINDERMERE, FL 34786	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARMEN GUERRERO	NAME	
STREET ADDRESS	5148 SUN Palm Dr	STREET ADDRESS	
CITY-ST-ZIP	Windermere FL 34786	CITY-ST-ZIP	
TITLE	MANAGER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANGEL VELASCO	NAME	
STREET ADDRESS	5148 SUN Palm Dr	STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: CARMEN J. GUERRERO 4/24/03 (407) 929 8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #