

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-22-2003 90104 012 \*\*\*\*50.00

**DOCUMENT # L02000034556**

1. Entity Name

**CAFE ROMA, LLC**



Principal Place of Business

**2801 FLORIDA AVE.  
COCONUT GROVE FL 33133**

Mailing Address

**2801 FLORIDA AVE.  
COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

**1625 Tigertail Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FLA**

Zip

Country

**33133**

Country

4. FEI Number

**SS-0811297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVE., STE. 2800  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Ugo Castagna**

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

**1625 Tigertail Ave**

City

**Miami**

FL

Zip Code

**33133**

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9.17.03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>
STREET ADDRESS	<b>Ugo Castagna</b>
CITY-ST-ZIP	<b>1625 Tigertail Ave</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice Pres. Secretary</b>
STREET ADDRESS	<b>Nelly Castagna</b>
CITY-ST-ZIP	<b>1625 Tigertail Ave</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* **NELLY CASTAGNA** **9.17.03** **305444466**

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

Date

Daytime Phone #

CR2E083 (4/03)