FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 31 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200007072062--6
-08/13/02--01028--019
****915.00 ****915.00

DOCUMENT # L85430

1. Entity Name

Cafe Med of Miami, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3015 Grand Avenue	551 Madison Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1601
City & State Miami, FL	City & State NY, NY
Zip 33133 Country USA	Zip 10022 Country USA

4. FEI Number 65-0237934 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Paralegal & Attorney Service Bureau, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1406 Hays St., Suite 2
City: Tallahassee FL Zip Code: 32301

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: Kathleen J. Hill, President DATE: 07/31/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Sole Director Roberto Ruggeri 551 Madison Avenue NY, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberto Ruggeri 7/26/02 212-593-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #