

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** M00000001301  
**1. Entity Name**  
 CAFE CARIB, LLC

**FILED**  
 2001 APR 20 AM 11:20  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 220 4TH AVENUE      220 4TH AVENUE  
 MELBOURNE BEACH FL 32951      MELBOURNE BEACH FL 32951



**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

VESELUS, CHRISTOPHER K  
 220 4TH AVENUE  
 MELBOURNE BEACH FL 32951

**4. FEI Number** 59-3648086      **Applied For**  
 Not Applicable

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

**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** *Christopher K Veselus*      **DATE** 4-10-01

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 Department of State**

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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER CHRISTOPHER K. VESCELUS 220 4TH AVE MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER JENNIFER W. VESCELUS 220 4TH AVE MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

900004085759-2  
 -04/27/01--01075-01  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**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:** *Christopher K Veselus*      **SIGNATURE REQUIRED**      **CHRISTOPHER K. VESCELUS**      **DATE** 4-10-01      **DAYTIME PHONE #** 768-2385

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

CF2E083 (11/00)