

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000014728**1. Entity Name
CAFE CINEMA, INC.

Principal Place of Business	Mailing Address
11865 CORAL WAY	11865 CORAL WAY
MIAMI FL 33175	MIAMI FL 33175

2. Principal Place of Business	3. Mailing Address
11865 CORAL WAY	11865 CORAL WAY

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE E1	SUITE E1

City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33175		33175	

4. FEI Number	Applied For
65-0983453	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCANTERA EDUARDO ESQ.
1762 CORAL WAY

MIAMI FL 33145 US

7. Name and Address of New Registered AgentName
GUEVARA JESUSStreet Address (P.O. Box Number is Not Acceptable)
11865 CORAL WAY

SUITE E1

City MIAMI FL Zip Code 33175

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 **JESUS GUEVARA****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VSD	<input type="checkbox"/> Delete
NAME	RUIZ ERIKA	
STREET ADDRESS	11865 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUIZ REINALD	
STREET ADDRESS	11865 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33175	

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ ERIKA	
STREET ADDRESS	11865 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33175	

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		

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		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REINALD RUIZ

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)