

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90051 039 \*\*\*150.00

**DOCUMENT # P00000016982**

1. Entity Name

**KAFFE KRYSTAL NIGHTCLUB, INC.**

Principal Place of Business

**7220 NW 36 STREET  
 SUITE 510  
 MIAMI FL 33166**

Mailing Address

**7220 NW 36 STREET  
 SUITE 510  
 MIAMI FL 33166**

23334

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**65-0982056**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLO, LUIS F**

**7220 NW 36 STREET  
 SUITE 510  
 MIAMI FL 33166**

Name

**GALLO, GLORIA E.**

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

**7220 NW 36 Street # 510**

City

**MIAMI FL**

FL

Zip Code **33166**

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

**Gloria E. Gallo REGISTERED AGENT**

**02/21/02**

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, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D - President** ☒ Delete  
 NAME **GALLO, LUIS F**  
 STREET ADDRESS **7220 NW 36 STREET SUITE #510**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **2nd** ☐ Change ☒ Addition  
 NAME **GALLO, GLORIA E.**  
 STREET ADDRESS **7220 NW 36 Street suite 510**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **Gloria E. Gallo**

**REGISTERED AGENT**

**02/21/02**

Date

**(305) 513-0101**

Daytime Phone #

CR2E034 (9/01)