
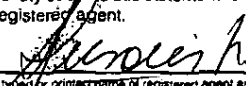



FILED  
May 27, 2003 8:00 am  
Secretary of State

05-01-2003 90805 025 \*\*\*150.00

S/1

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|   |                |  |                |
|---|----------------|--|----------------|
| DOCUMENT # P00000059194   |                |   |                |
| 1. Entity Name<br>LE CAFE INTERNATIONAL CORP.   |                |  |                |
| Principal Place of Business<br>24 EUCLID DRIVE<br>MIAMI SPRINGS FL 33166  |                | Mailing Address<br>24 EUCLID DRIVE<br>MIAMI SPRINGS FL 33166   |                |
| 2. Principal Place of Business<br>160 NW 170 ST<br>Suite, Apt. #, etc.<br>MAIN Lobby  |                | 3. Mailing<br>24 EUCLID DRIVE<br>Suite, Apt. #, etc.   |                |
| City & State<br>North Miami Beach, FL   |                | City & State<br>Miami Springs, FL  |                |
| Zip<br>33150  | Country<br>USA | Zip<br>33166   | Country<br>USA |
| 4. FEI Number<br>65-1018587   |                | Applied For<br><input type="checkbox"/> Not Applicable   |                |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                | \$8.75 Additional Fee Required   |                |
| 6. Name and Address of Current Registered Agent<br>INSAUSTI, DIEGO<br>24 EUCLID DRIVE<br>MIAMI SPRINGS FL 33166   |                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE:  DATE: 5/22/03<br>(NOTE: Registered Agent signature required when reinstating)   |                |  |                |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State  |                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |                |
| 10. OFFICERS AND DIRECTORS  |                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>PTD<br>INSAUSTI, DIEGO<br>24 EUCLID DRIVE<br>MIAMI SPRINGS FL 33166 <input type="checkbox"/> Delete   |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>SVD<br>INSAUSTI, SANDRA<br>24 EUCLID DRIVE<br>MIAMI SPRINGS FL 33166 <input type="checkbox"/> Delete  |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>NASH, GREGORY<br>21050 POINT PLACE #1706<br>AVENTURA FL 33180 <input type="checkbox"/> Delete  |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete   |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete   |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete   |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition              |                |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                |  |                |
| SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                | 4/23/03 305 8843282<br>Date Daytime Phone #  |                |

55043800



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)