

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91590 023 \*\*\*150.00

**DOCUMENT # P00000095855**

**1. Entity Name**  
**SOCCER PLACE CAFE, INC.**

**Principal Place of Business**  
**9400 S. DADELAND BLVD., PH #5**  
**MIAMI FL 33156-2844**

**Mailing Address**  
**9400 S. DADELAND BLVD., PH #5**  
**MIAMI FL 33156-2844**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

☒ Applied For  
☐ Not Applicable

**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**

**DARROW, ESQ., KENNETH F**  
**9400 S. DADELAND BLVD., PH #5**  
**MIAMI FL 33156-2844**

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**

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 State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME P/D/C  
 STREET ADDRESS BERNASCONI, RICARDO  
 CITY-ST-ZIP 9400 S. DADELAND BLVD.; PH #5  
 MIAMI, FLORIDA 33156-2844

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME SVP/T/S/D  
 STREET ADDRESS ROSEN, ROBERT  
 CITY-ST-ZIP 8880 S.W. 67th COURT  
 MIAMI, FLORIDA 33156-1700

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME VP/D  
 STREET ADDRESS GUANI, ANNA LUCINDA  
 CITY-ST-ZIP 9400 S. DADELAND BLVD.; PH #5  
 MIAMI, FLORIDA 33156-2844

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS BERNASCONI, ESTELA  
 CITY-ST-ZIP 9400 S. DADELAND BLVD.; PH #5  
 MIAMI, FLORIDA 33156-2844

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

*Robert Rosen*

**ROBERT ROSEN, Senior V.P.**

**4/30/2001**

**(305) 598-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)