

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91177 021 ***150.00

DOCUMENT # P00000106390

1. Entity Name
CAFE ALESSIA, INC.

Principal Place of Business Mailing Address
1080 N FEDERAL HWY **1080 N FEDERAL HWY**
HOLLYWOOD FL 33020 **HOLLYWOOD FL 33020**

A0071430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-1056813** 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

~~SIB TAX SERVICES, INC.~~
801 S FEDERAL HWY
HOLLYWOOD FL 33020

Name **STEVEN R. DANIELSON**
 Street Address (P.O. Box Number is Not Acceptable)
801 South Fed. Hwy
 City **Hollywood - FL** **FL** Zip Code **33020**

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 *Steven R. Danielson*
 Signature, typed or printed name of registered agent and title if applicable.

4/30/01
 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	DP	<input type="checkbox"/> Delete
NAME	MOLINELLI, VINCENZO	
STREET ADDRESS	1080 N FEDERAL HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	PEREZ GARCIA, NIEVES E	
STREET ADDRESS	1843 ARTHUR STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Steven R. Danielson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2001 **(954) 929-2434**
 Date Daytime Phone #

CR2E034 (10/00)