

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/14/01

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90228 002 \*\*\*150.00

DOCUMENT # P00000108380

1. Entity Name

SAGUA CAFE, INC.

Principal Place of Business 2350 NW 7TH STREET MIAMI FL 33125	Mailing Address 2350 NW 7TH STREET MIAMI FL 33125
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-1056324	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent FIALLO, RAMON A 2350 NW 7TH STREET MIAMI FL 33125		7. Name and Address of New Registered Agent Name: Ignacio L. Delgado Street Address (P.O. Box Number is Not Acceptable): 2350 NW 7th Street City: Miami FL Zip Code: 33125	
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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: Ignacio L. Delgado DATE: 4-27-01

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: FIALLO, RAMON A STREET ADDRESS: 8330 NW 179 STREET CITY-ST-ZIP: PALM SPRING NORTH FL 33015 <input checked="" type="checkbox"/> Delete		TITLE: <u>By Pres.</u> NAME: Ignacio L. Delgado STREET ADDRESS: 2308 NW 208 Way CITY-ST-ZIP: Pembroke Pines, FL 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VPD NAME: AGUILAR, LUIS STREET ADDRESS: 8728 NW 174 TERRACE CITY-ST-ZIP: MIAMI FL 33018 <input checked="" type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Ignacio L. Delgado DATE: 4/27/01 DAYTIME PHONE #: (305) 644-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)