2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000062506 DOCUMENT

1. Entity Name

CENTRAL CAFETERO FLOR DE PATRIA GERONIMO BRICENO & CIA CORPORATION



Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90086 022 ***150.00

DUUUSUSV

FILED

Principal Place of Business 3900 N.W. 79TH AVENUE, #511 MIAMI FL 33166

Mailing Address

3900 N.W. 79TH AVENUE, #511

MIAMI FL 33166

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2. Principal P	Place of Business	3. Mailing Address							
3900 NW 49 Avenua		3900 NW 49 Avenue							
Suite, Apt.	_	Suite, Apt. #, etc.				☐ CHECK HEI	RE IF MAKIN	IG CHANGES	
City & Stat	imi Fl	City & State Hiami, Fl		4	1. FEI Numb	oer 65-111649	90		pplied For ot Applicable
Zip 33161	Country	Zip -33166	Country US A		5. Certificate	e of Status Desire	d	\$8.75 Ad	
	6. Name and Address of Current R			7	. Name and	d Address of Nev	w Registere		
			Name	Actura	o Alej	andra C	SArjear	7 BAL	<u></u>
SARJEANT BAIZ, ARTURO ALEJAND					er is Not Accepta		11	۲.	
3900 N.W.	. 79TH AVENUE, #511								
MIAMI FL	33166		56	8 F S	NW	114 Ave	nue #	102	
			City	tiami			F	Zin Coo	Ie 1118
8. The above the obligat	named entity submits this statement for items of registered agent.	the purpose of changing its re	gistered office or	registered	agent, or bo	oth, in the State of	Florida. I ar	n familiar with,	and accept
SIGNATURE .	M						010	103	
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	egistered Agent signatu	ure required whe	en reinstating)		DATE		
	ILE-NOWIII FEE-IS-\$150-00	*****		·		lection Campaign	Financing	\$5-C	0 May Be
"	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	Stata				rust Fund Contribu			d to Fees
Make Check	rayable to Florida Departillent of	State							
Make Check 10.	OFFICERS AND D		11.		 ADDITIONS	/CHANGES TO C	OFFICERS AN	ND DIRECTOR	S IN 11
10.	OFFICERS AND D		TITLE	D				☐ Channe	S IN 11
10. TITLE NAME	OFFICERS AND D BRICENO, RICARDO	DIRECTORS	TITLE NAME	D				☐ Channe	
TITLE NAME STREET ADDRESS	OFFICERS AND D	DIRECTORS	TITLE	13900 2900		Ricardo f9th Avenu		☐ Channe	
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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: