

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90086 022 \*\*\*150.00

**DOCUMENT # P01000062506**

**1. Entity Name**  
**CENTRAL CAFETERO FLOR DE PATRIA GERONIMO BRICENO**  
**& CIA CORPORATION**



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

**Mailing Address**  
**3900 N.W. 79TH AVENUE, #511**  
**MIAMI FL 33166**

**2. Principal Place of Business**  
**3900 NW 79 Avenue**

**3. Mailing Address**  
**3900 NW 79 Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

511

511

City & State  
**Miami, FL**

City & State  
**Miami, FL**

**4. FEI Number** **65-1116490**

Applied For  
Not Applicable

Zip Country  
**33166 - USA**

Zip Country  
**33166 - USA**

**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**

**SARJEANT BAIZ, ARTURO ALEJAND**  
**3900 N.W. 79TH AVENUE, #511**  
**MIAMI FL 33166**

Name **Arturo Alejandro Sargeant Baiz**  
Street Address (P.O. Box Number is Not Acceptable)

**5278 NW 114 Avenue # 102**  
City **Miami** **FL** Zip Code **33140**

**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.**

**SIGNATURE**   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/07/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

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

TITLE **D** ☐ Delete  
NAME **BRICENO, RICARDO**  
STREET ADDRESS **3900 N.W. 79TH AVENUE, #511**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Change ☐ Addition  
NAME **Briceno, Ricardo**  
STREET ADDRESS **3900 NW 79th Avenue, # 511**  
CITY-ST-ZIP **Miami, FL 33166**

TITLE **D** ☐ Delete  
NAME **BRICENO, FRANCISCO**  
STREET ADDRESS **3900 N.W. 79TH AVENUE, #511**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Change ☐ Addition  
NAME **Briceno, Francisco**  
STREET ADDRESS **3900 NW 79 Avenue, # 511**  
CITY-ST-ZIP **Miami, FL 33166**

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  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/07/03**  
Date

**305/4639324**  
Daytime Phone #

CR2E034 (10/02)