

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91416 020 ***158.75

0200563 AV

DOCUMENT # P01000063015

1. Entity Name
SMOOTHIE CAFE, INC.

Principal Place of Business

**16 W FLAGLER ST
 MIAMI FL 33131**

Mailing Address

**16 W FLAGLER ST
 MIAMI FL 33131**

2. Principal Place of Business

16 West FLAGLER ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL 33130

City & State

Zip

33130

Country

USA

Country

4. FEI Number

65-1126842

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, NESTOR
 329 SW 32 RD
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name **JOHN Cunill**

Street Address (P.O. Box Number is Not Acceptable)
540 Brickell Key Dr # 406

City **MIAMI**

FL

Zip Code
33131

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

3/19/2002

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, 2002 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

TITLE **D** ☐ Delete
 NAME **CUNILL, JOHN**
 STREET ADDRESS **540 BRICKELL KEY DR, APT 406**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Delete
 NAME **GARCIA, NESTOR**
 STREET ADDRESS **329 SW 32 RD**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-2002 (305) 546-8192

CR2E034 (9/01)