FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P 0/0000 70838			05-21-2002 91149 007 ***150.00	
CAFÉ LE GLACIER, INC.			<u> </u>	
DO NOT WRITI	IN THIS SF	PACE		
2. Principal Place of Business 3. Mailing Address 7295 Biscarry Blue 7295		SCATNE Blug	. 	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State M. Ami FC	City & State	FL	4. FEI Number - 1130238	Applied For Not Applicable
Zip 33138 Country Zip 33138		Country USA	5. Certificate of Status Desired Fee Required	
7. Name and Address of Current Registered Agent Name Docking				
DO NOT W	RITE	***	AVID TULER (P.O. Box Number is Not Acceptable)	
IN THIS SI	PACE	729	5 BisCATMY BIVE	,
The same of the sa	e justing on the sole of the first of the first of the sole of the	City		Code 3/38
8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida.				
SIGNATURE Signature, typed or printed name configuration agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Symbilize, typed or printed name of ogsisted agor This corporation is eligible to satisfy its Intangib	January 1 - M	lay 1 Fee Is \$150.00		
Fax filing requirement and elects to do so. (See criteria on back)	Arrender	1; Fee Is \$550.00 d UBR is \$61.25 de to Department of St	Trust Fund Contribution. A	55.00 May Be added to Fees
11. OFFICERS AN	DIRECTORS		TOTAL PROPERTY OF THE PROPERTY	
NAME TOLER BILLAYNE		NAME	rander de la comparta de la compart La comparta de la co La comparta de la co	(12/01)
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	th this filing does not qualify for		ection 119.07(3)(i). Florida Statutes. I further certify that is same legal effect as if made under path; that I am an of	the information
13. I hereby certify that the information supplied with this filling 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 professional signature shall have the same legal effect as if made under early, 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 on an attachment with an address, with all other like empowered.				
SIGNATURE:	111		(Bron 30-259	
SIGNATURE AND TYPED OF	PRINTED HAME OF SIGHING OFFICER	UK UKEUTUK	Date Daytime Pho	ANC F