2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000085730

1. Entity Name
CIBERCAFE, CO.INC.

Principal Place of Business	Mailing Address
1691 N.E. 123 RD ST	1691 N.E. 123 RD ST
N. MIAMI FL 33181	N. MIAMI FL 33181

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business   8076 NW - 66 th St.

3. Mailing Address   8076 NW. 66th St.

Suite, Apt. #, etc.

City & State   N. Miami Fl.

City & State   N-Miami Fl.

4. FEI Number   65-1148536

Applied For	
Not Applicable	

Zip   33166   Country

Zip   33166   Country

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
FERNANDEZ, GONZALO J 1691 N.E. 123 RD ST N. MIAMI FL 33181	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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)   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
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE — DP NAME — FERNANDEZ, GONZALO J STREET ADDRESS — 1691 N.E. 123 RD ST CITY-ST-ZIP — N. MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8076 NW. 66th St. N. MIAMI FL 33166	X Change ☐ Addition
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CR2E034 (10/02)

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: X SIGNATURE REQUIRED   4/15/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #