

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 018 ***150.00

DOCUMENT # **P01000089265**

1. Entity Name

CHEROGA COFFEE SHOP AND FRUIT STORE, INC

670630

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1149 SW 27 Ave

Suite, Apt. #, etc.

Suite 102

City & State

Miami, FL

Zip

33135

Country

USA

3. Mailing Address

10455 SW 28 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

USA

4. FEI Number

65-1137858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RENE DUANTE

Street Address (P.O. Box Number is Not Acceptable)

10455 SW 28 ST

City

Miami

FL


Zip Code

33165

**DO NOT WRITE
IN THIS SPACE**

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)

4/19/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT - Vice Pres - Secretary

RENE DUANTE

10455 SW 28 ST

Miami, FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (305) 207-1445

Date

Daytime Phone #

OR200348 (12/01)

**DO NOT WRITE
IN THIS SPACE**