


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90291 002 ***150.00

DOCUMENT # **P02000049307**

1. Entity Name
CAFE AMERICANO, INC.



Principal Place of Business
**850 A1A BEACH BLVD., #122
ST. AUGUSTINE FL 32080**

Mailing Address
**850 A1A BEACH BLVD., #122
ST. AUGUSTINE FL 32080**



2. Principal Place of Business
Alta Gate Apartment Club
Suite, Apt. #, etc.
8121 Champions Circle #8-203
City & State
Champions Gate, Florida

3. Mailing Address
8121 Champions Circle
Suite, Apt. #, etc.
8-203
City & State
Champions Gate, Florida

Zip **33896** Country **U.S.A.**

CHECK HERE IF MAKING CHANGES

4. FEI Number
61-1413007

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EBANKS, HIRVING
850 A1A BEACH BLVD., #122
ST. AUGUSTINE FL 32080

7. Name and Address of New Registered Agent
Name
Holly Marie Knowlton
Street Address (P.O. Box Number is Not Acceptable)
8121 Champions Circle # 8-203
City **Champions Gate** FL Zip Code **33896**

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 **Holly Knowlton** DATE **01/15/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EBANKS, HIRVING S 850 A1A BEACH BLVD., #122 ST. AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Holly Marie Knowlton 8121 Champions Circle #8203 Champions Gate, FL: 33896	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Holly Knowlton** DATE **01/15/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR