

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90013 021 \*\*\*150.00

**DOCUMENT # P93000002874**

1. Entity Name  
**CAFE DEL MAR, INC.**

Principal Place of Business

**244 S. OCEAN BLVD.  
 MANALAPAN FL 33462**

Mailing Address

**244 S. OCEAN BLVD.  
 MANALAPAN FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0377347**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

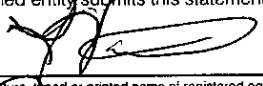
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VITRANO, JOHN  
 1099 S. ATLANTIC AVE.  
 LANTANA FL 33462**

Name **MARY E. VITRANO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3546 S. OCEAN BLVD**  
 City **PALM BEACH** FL Zip Code **33462**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST <input type="checkbox"/> Delete
NAME	VITRANO, MARY E
STREET ADDRESS	3546 S OCEAN BLVD
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	P <input type="checkbox"/> Delete
NAME	VITRANO, JOHN
STREET ADDRESS	3546 S OCEAN BLVD
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **MARY E. VITRANO** Date **4/27/01** Daytime Phone # **561-547-2233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)