

FOR PRONT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 17 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025245

1. Entity Name

Cafe Miami, Incorporated

DO NOT WRITE IN THIS SPACE

000020937550
06/17/03--01047--008 **150.00

2. Principal Place of Business

3894 SW 8th St.

Suite, Apt. #, etc.

3. Mailing Address

c/o Alfredo Borges

Suite, Apt. #, etc.

1809 Brickell Ave #813

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL

City & State
Miami, FL

4. FEI Number

65-0484846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Alfredo Borges

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

1809 Brickell Ave #813

City
Miami,

FL

Zip Code
33129

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

6-5-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PSD

Garrido, Jorge L

1300 Paseo Palmas-Penthouse 2

Arroyo, PR 00714

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Alfredo Borges, Asst VP

1809 Brickell Ave #813

Miami, FL 33129

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/5/03 (305) 710-1630

CR2034B (12/02)

2611F

June 5, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: CAFE MIAMI, INCORPORATED
DOCUMENT # P93000025245

TO WHOM IT MAY CONCERN:

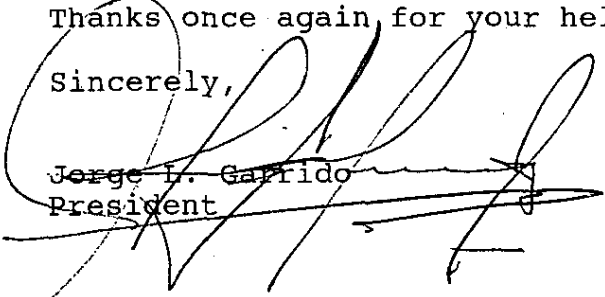
We have just been informed that the annual business report for our company was not filed. This is due to the fact that the original uniform business report was never received. We contacted your office and were informed that we could downloa a blank form from the internet, and submit it to your office for filing, along with a fee of \$150.00.

We would appreciate your consideration and help in this matter. For any questions or correspondence in the matter, please contact:

Carmen C. Ferreira, Esq.
6262 Bird Rd. #2C
Miami, FL 33155
PH (305) 665-5060
FAX (305) 665-2813

Thanks once again for your help in this matter.

Sincerely,


~~Jorge L. Garrido~~
~~President~~