

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027084

1. Entity Name
LINCOLN RD CAFFE, INC.

FILED

00 JAN 28 PM 3:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
~~941 LINCOLN RD. MALL~~ ~~941 LINCOLN RD. MALL~~
~~SUITE 204~~ ~~SUITE 204~~
~~MIAMI BEACH FL 33139~~ ~~MIAMI BEACH FL 33139-2601~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1602 ALTON RD **1602 ALTON RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE: 81 **STE: 81**
 City & State City & State
Miami Beach, FL **Miami Beach, FL.**
 Zip Country Zip Country
33139 USA **33139 USA**

4. FEI Number **65-0416383** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEIVA, AZUCENA A
 1428 FRCLID AVE
 #402
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **GILBERTO BUSTILLO**
 Street Address (P.O. Box Number is Not Acceptable)
1602 ALTON Rd suite 81
 City **MIAMI BEACH** **FL** Zip Code **33139**

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 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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
D	LEIVA, AZUCENA A	941 LINCOLN RD.MALL	MIAMI BEACH FL 3	<input checked="" type="checkbox"/>
	VP	BUSTILLO, GILBERTO	4705 NORTH MICHIGAN AVENUE	<input type="checkbox"/>
			MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P/D	BUSTILLO, Gilberto	1602 Alton Rd suite 81	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>
		400003119774--8	-02/01/00--01140--001	<input type="checkbox"/>
		****150.00	****150.00	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: DATE: **01/18/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Time Phone #