## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P96000066821 CAFE AND INTERNET OF AMERICA, INC. 04-05-2001 90028 017 \*\*\*150.00 Principal Place of Business Mailing Address 11223 N. KENDALL DR. APT. C115 11223 N. KENDALL DR. APT. C115 MIAMI FL 33176 MIAMI FL 33176 00031533 2. Principal Place of Business SWIZI SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For FEI Number 65-0685875 $M_1Am_I$ Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-CABRENA, JUNA C Street Address (P.O. Box Number is Not Acceptable) 11223 SW 880 ST. C-115 **MIAMI FL 33176** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE 24932 SW121 CT SANCHEZ, ILEANA NAME NAME 11223 N. KENDALL DR. APT. C115 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP Delete TITLE TITLE CABRERA, JUAN C NAME NAME STREET ADDRESS 11223 N. KENDALL DR. APT. C115 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.