

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073549

1. Entity Name
NEWS CAFE COCONUT GROVE, INC.

Principal Place of Business

2901 FLORIDA AVE
MIAMI FL 33133
US

Mailing Address

2901 FLORIDA VE
MIAMI FL 33133
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Van Dyke
846 Lincoln Rd.
Miami Beach, FL
33139
Dade

4. FEI Number

65-0693886

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPOTE, BEATRIZ M
1101 BRICKELL AVE, 17TH FL
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PT
NAME SOYKE, MARK
STREET ADDRESS 800 OCEAN DR
CITY-ST-ZIP MIAMI BEACH FL



TITLE VPS
NAME DAVIS, JEFFREY R
STREET ADDRESS 800 OCEAN R
CITY-ST-ZIP MIAMI BEACH FL



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

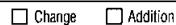


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/D/V/S
NAME SOYKA MARK
STREET ADDRESS 5582 NE 4th Ct, Unit #6
CITY-ST-ZIP Miami, FL 33137



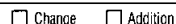
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



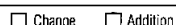
TITLE
NAME
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CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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:

MARK SOYKA

8/2/01

(205)444-7588

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90116 020 ***558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)