

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

07-31-2001 90227 016 ***150.00
 08-24-2001 90002 017 ***400.00

DOCUMENT # P96000085810																																																																																																							
1. Entity Name GUANI CAFE CORP																																																																																																							
Principal Place of Business 1096 SW 27 AVE. MIAMI FL 33131		Mailing Address 1096 SW 27 AVE. MIAMI FL 33131																																																																																																					
2. Principal Place of Business		3. Mailing Address																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																					
City & State		City & State																																																																																																					
Zip	Country	Zip	Country																																																																																																				
4. FEI Number 65-0706876		Applied For <input type="checkbox"/> Not Applicable																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																																																																																					
RODRIGUEZ, MANUEAL 7925 SW 27TH AVENUE MIAMI FL 33131		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: _____ (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. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																					
11. OFFICERS AND DIRECTORS																																																																																																							
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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: <i>[Signature]</i>		Date: 7/25/01																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																																																																																																					

CR2E034 (5/01)