

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000040105**

1. Entity Name

LATIN CAFE 2000, INC.

Principal Place of Business

**3200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

Mailing Address

**3200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

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 **65-0832326**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JIMENEZ, MARCOS D
WHITE & CASE LLP
200 S. BISCAYNE BLVD., STE. 4900
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

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PSTD	SANTANA, SILVIA B	1120 VALENCIAL AVENUE	CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Delete					
				<input type="checkbox"/> Delete		PSTD	JOSE VALLE	3200 PONCE DE LEON BLVD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						
				<input type="checkbox"/> Delete						

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE VALLE**4-10-01 305 447-1196**

0163901

CR2E034 (10/00)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90050 010 ***158.75



DO NOT WRITE IN THIS SPACE