

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

04-17-2001 90032 036 ***150.00

DOCUMENT # P98000046950

1. Entity Name

Runna Cafe Concierto, Inc.

Principal Place of Business	Mailing Address
2050 Coral Way Suite 303 Miami, FL 33145	2050 Coral Way Suite 303 Miami, FL 33145

2. Principal Place of Business	3. Mailing Address
2125 N.W. 1st Ct.	2125 N.W. 1st Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Miami, FL	Miami, FL

Zip	Country	Zip	Country
33127	U.S.A.	33127	U.S.A.

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

43894

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Clavijo, Sandra
 2050 Coral Way, Suite 303
 Miami, FL 33145

Name
 Boresoff, Gloria
 Street Address (P.O. Box Number is Not Acceptable)
 2125 N.W. 1st Ct.
 City
 Miami FL Zip Code
 33127

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 \$650.00
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	D/P	<input type="checkbox"/> Delete
NAME	Clavijo, Sandra	
STREET ADDRESS	2050 Coral Way, Suite 303	
CITY - ST - ZIP	Miami, FL 33145	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D/P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boresoff, Gloria	
STREET ADDRESS	2125 N.W. 1st Ct.	
CITY - ST - ZIP	Miami, FL 33127	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		

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CITY - ST - ZIP		

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: Gloria Boresoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #