

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034587

1. Entity Name

Cafe Candy, Inc.

Principal Place of Business

10505 SW 40ST
MIAMI, FL 33165

Mailing Address

10505 SW 40ST
MIAMI, FL 33165

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

05-0919202

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name *Tidel Marrero*

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

10505 SW 40ST

City *Miami*

FL

Zip Code

33165

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

2-9-00

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, 2000, 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST- ZIP
Pres.
JESUS VALENTIN
10505 SW 40ST
MIAMI, FL 33165

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pres.
Tidel Marrero
10505 SW 40ST
MIAMI, FL 33165

Change Addition

ST- ZIP

ST- ZIP

ST- ZIP

ST- ZIP

ST- ZIP

ST- ZIP

Delete

Delete

Delete

Delete

Delete

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100003161331

-03/07/00--01102-008

*****150.00 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

KE

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.

NATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 533-2476
Daytime Phone #