SIGNATURE:

2000) UNIFORM BUSI	NESS REPO	KL (ORK	Company of the same
DOCUMENT # P99000035740				SECRETARY OF STATE DIVISION OF CORPORATIONS
ORLANDO'S CAFE, INC.			٠.	00 DEC -1 PM 4: 30
Prıncipal Place 2997 & D Miami,	ay Avenue	Mailing Address 2997 Day A Miami, FL	venue 🛴 🦈	
2. Principal Place of Business 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For 65-0923703 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
	h3 M - 03-		Name	
Richard M. Sepler 2997 Day Avenue			Street Ad	idress (P.O. Box Number is Not Acceptable)
Mia	mi, FL 33133			
			City	FL Zip Code
SIGNATURE	Signature, typed or printed name of registered agent			registered agent, or both, in the State of Florida. re required when reinstating) DATE
Tax filing r (See criter	pration is eligible to satisfy its Intangible requirement and elects to do so.	After SEPTEMBER Make Check Paya	111 FEE IS \$550.0 13, 2000 Min. will ble to Department	Trust Fund Contribution. Added to Fees
11	OFFICERS AND	DIRECTORS Delete	TITLE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Orlando Rodrigue 2997 Day Avenue Miami, FL 33133	— 1	NAME STREET ADDRESS CITY-ST-ZIP	President
TITLE NAME STREET ADDRESS	Vice President Richard M. Seple 2997 Day Avenue	⊠ Delete	TITLE NAME STREET ADDRESS	1000035005817 -12/13/0001108017
CITY-ST-ZIP	Miami, FL 33133	l	CITY-ST-ZIP	*****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Treas Vivian Hubsch Se 2997 Day Avenue Miami, FL 33133	urer Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		Delete	TITLE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NAME STREET ADDRESS	* /	C Detete	NAME STREET ADDRESS	Micor
CITY-ST-ZIP			CITY-ST-ŽIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		L. Delete	NAME . STREET ADDRESS	
CITY-ST-ZIP	·		CITY-ST-ZIP	
13. I hereby of indicated of the corrections of the	certify that the information supplied with I on this report or supplemental reportion proration or the receiver or trustee emp or on an attachment with an address	this filing does not qualify for true and accurate and that by gred to execute this report all other like empowered	or the exemption stat my signature shall h rt as required by Cha d.	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

(305)444-6101

11-28-00