FILED Mar 05, 2001 8:00 am

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900047027

1. Entity Name CAFE' DES ARTS OF SOUTH BEACH, INC.					Secretary of State 03-05-2001 90336 049 ***150.00	
Principal Place of Business 1360 COLLINS AVENUE MIAMI BEACH FL		Mailing Address 1360 COLLINS AVENUE MIAMI BEACH FL			MUU& (434	
					A TRANSPORTED THE TRANSPORTED PROPERTY OF THE ORDER DOWN DEPTH OF THE STREET TRANSPORTED IN	ł
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0932811 Applied Fo	
Zip Country		Zip Country		lry	5. Certificate of Status Desired	30le
	6. Name and Address of Curre	ent Registered'Agent	<u>. </u>	ينجرحون	7. Hams and Address of New Registered Agent	
				Name		$\neg \neg$
THILLOY, VINCENT 1360 COLLINS AVENUE			. !	Street Address (P.O. Box Number is Not Acceptable)		
	/II FL 33139					\neg
				City	FL Zip Code	
8. The above	named entity submits this statemen	t for the purpose of changing its	registere	ed office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered as	nent and title if applicable (NOTI	E: Registered	I Agent signature required	ad when reinstating) DATE	Ì
Tax filing	oration is eligible to satisfy its Intangi requirement and elects to do so. ria on back)	ble FILE NOW After MAY 1,20	01 Fee			
11.	OFFICERS A	ND DIRECTORS	12.	SHEEF, CHICK CASS, RETO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	D THILLOY, VINCENT 1360 COLLINS AVENUE	Delete .	TITLE NAMI	ſ	☐ Change ☐ Add	ition
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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 cortify 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 trusted empoward 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, within other like empowered.

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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<u>, c</u>

Davlime Phone