

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050730

1. Entity Name

BOSSA NOVA CAFE, INC.

Principal Place of Business

C/O STEAKMASTER
2121 PONCE DE LEON BLVD. 1ST FLOOR
CORAL GABLES FL 33134

Mailing Address

C/O STEAKMASTER
2121 PONCE DE LEON BLVD. 1ST FLOOR
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARVESU, MANUEL M ESQ.
2121 PONCE DE LEON BLVD.
SUITE 920
CORAL GABLES FL 33134

Name

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

201 Ananias Ave

87E 502

City Coral Gables

FL

Zip Code

33134

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

Sept 29, 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 VSD
NAME RUSCHEL, FABIO
STREET ADDRESS 2121 PONCE DE LEON BLVD., 1ST FLOOR
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

TITLE President
NAME Fabio Ruschel
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PD
NAME DELGADO, JORGE P
STREET ADDRESS 2121 PONCE DE LEON BLVD., 1ST FLOOR
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

TITLE V.P.
NAME Jorge P. Delgado
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:01



REINSTATEMENT

4. FEI Number 65-0927596 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required