2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
02-21-2001 90198 035 ***150.00

DOCUMENT # P99000064832

1. Entity Name

CAFE GUZZI, INC.

Principal Place of Business / Mailing Address

18090 COLLINS AVENUE, UNIT 2 & 3
SUNNY ISLES BEACH, FL. 33160

626068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number 65-0935336 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRITO, LUIS G.
407 LINCOLN ROAD SE 5-B
MIAMI BEACH, FLORIDA 33139

7. Name and Address of New Registered Agent

Name ALEJANDRO NUNEZ, P.A.
Street Address (P.O. Box Number is Not Acceptable) 250 GIRALDA AVENUE
CORAL GABLES, FL 33134
City FL Zip Code

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 _____ 2/6/01
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 intangibles 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 $550.00 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MASTELLA, SANDRO 407 LINCOLN ROAD SE 5-B MIAMI BEACH, FL 33139 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELANEY, JUAN CARLOS 18090 COLLINS AVENUE, UNIT 2 & 3 SUNNY ISLES BEACH, FL 33160 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CURIA, GUSTAVO 407 LINCOLN ROAD SE 5-B MIAMI BEACH, FLORIDA 33139 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROSSMAN, ROXANA 407 LINCOLN ROAD SE 5-B MIAMI BEACH, FLORIDA 33139 ☒ Delete	TITLE / NAME / 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E004 (1/00)

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: _____ PRESIDENT 2/6/01 (305)932-4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #