

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064832

Entity Name

CAFE GUZZI, INC.

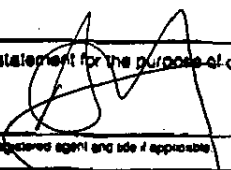
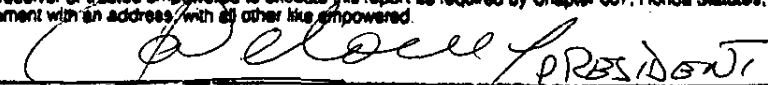


FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90198 035 ***150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		4. FEI Number		Applied For	
18090 COLLINS AVENUE, UNIT 2 & 3 SUNNY ISLES BEACH, FL. 33160				65-0935336		Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐		☐	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
				BRITO, LUIS G. 407 LINCOLN ROAD SE 5-B MIAMI BEACH, FLORIDA 33139		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  DATE 2/6/01							
(NOTE: Registered Agent signature required when releasing)							
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐							
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MASTELLA, SANDRO	407 LINCOLN ROAD SE 5-B	MIAMI BEACH, FL 33139	PD	DELANEY, JUAN CARLOS	18090 COLLINS AVENUE, UNIT 2 & 3	SUNNY ISLES BEACH, FL 33160
VD	CURIA, GUSTAVO	407 LINCOLN ROAD SE 5-B	MIAMI BEACH, FLORIDA 33139				
STD	ROSSMAN, ROXANA	407 LINCOLN ROAD SE 5-B	MIAMI BEACH, FLORIDA 33139				
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							

CR2004 (1/00)