

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Aug 20, 2002 8:00 am  
Secretary of State

08-20-2002 90129 014 \*\*\*550.00

DOCUMENT # P99000075335

1. Entity Name

RINCON CAFETERO USA, CORP.

DO NOT WRITE IN THIS SPACE

975914

2. Principal Place of Business  
4476 NW 74 AVENUE

Suite, Apt. #, etc.

3. Mailing Address  
4476 NW 74 AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
65-0942850

Applied For  
Not Applicable

Zip  
33166

Country  
USA

Zip  
33166

Country  
USA

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

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7. Name and Address of Current Registered Agent

Name  
WILLIAM GERSTEIN

Street Address (P.O. Box Number is Not Acceptable)  
1300 N FEDERAL HWY

SUITE 203

City  
BOCA RATON

FL

Zip Code  
33432

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$180.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
JORGE ZAMORANO  
4476 NW 74 AVENUE  
MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE PRESIDENT  
GALLEGO L. MUNOZ  
4476 NW 74 AVENUE  
MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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DO NOT WRITE  
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X. Zamorano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #