

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90850 048 ***150.00

DOCUMENT # P99000075335

1. Entity Name
RINCON CAFETERO U.S.A. CORP.



Principal Place of Business
**7544 SW 112 COURT
MIAMI FL 33173**

Mailing Address
**7544 SW 112 COURT
MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address
4165 NW 58 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boca Raton FL

4. FEI Number
65-0942850

Applied For
Not Applicable

Zip

Country

Zip
33496

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSTEIN, WILLIAM
GERSTEIN & GERSTEIN ATTORNEYS AT LAW
1300 NORTH FEDERAL HIGHWAY, SUITE 203
BOCA RATON FL 33432**

Name **Gerstein, William**
Street Address (P.O. Box Number is Not Acceptable)
700 S. Federal Hwy # 200
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William Gerstein **William Gerstein Registered Agent** **1-9-2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPST**
STREET ADDRESS **ZAMORANO, JORGE A**
CITY-ST-ZIP **4476 NW 74 AVE
MIAMI FL 33166**

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **MUNOZ, GALLEGO L**
CITY-ST-ZIP **4476 NW 74 AVE
MIAMI FL 33166**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Jorge Zamorano, Pres. **08-01-03** **(561) 999-9029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)