

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075698

1. Entity Name
MOKANELA COFFEE CORPORATION

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90040 011 ***158.75

Principal Place of Business

4744 SW 74 AV
MIAMI FL 33155

Mailing Address

2121 PONCE DE LEON BLVD STE 240
CORAL GABLES FL 33134

2. Principal Place of Business
3740 SOLANA RD

3. Mailing Address

(same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0945848

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRATS, GABRIEL
2121 PONCE DE LEON BLVD STE 240
S240
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Hernan De Los Rios

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

3740 Solana Road

City

Miami

FL

Zip Code

33133

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

☐ Delete

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DE LOS RIOS, HERNAN
4744 SW 74 AV
MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DE LOS RIOS, HERNAN
3740 SOLANA ROAD
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
GONZALEZ, TATIANA
4744 SW 74 AV
MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
GONZALEZ, TATIANA
3740 SOLANA ROAD
MIAMI, FL 33133

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HERNAN DE LOS RIOS

04/18/02

Date

305 377 9838

Daytime Phone #

CR2E034 (9/01)