2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000075698

1. Entity Name

MOKANELA COFFEE CORPORATION



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90165 038 ***158.75

			WE TH						
Principal Place 3740 SOLANA I MIAMI FL 3313	ROAD	Mailing Address 3740 SOLANA ROAD MIAMI FL 33133							
2. Principal Pia	ace of Business orth Course Drive	3. Mailing Address 3010 North G	ourse Drive				1 QIJID 11110 10	HE 181) 1881	
Suite, Apt. #		Suite Apt. #, etc.	50F. toA.		M CHECK HERE IF	MAKING C		lied For	
City & State		Pompano Bea	ch, FL	4. F	65-0945848		Not	Applicable	
3306	9 USA _	33069	Country	, i	Certificate of Status Desired	Fe CE	8.75 Addit e Required	lional	
	6. Name and Address of Curren	t Registered Agent	Name	7. N	ame and Address of New Re	gistereu Ay	ent		
DE LOS RI	IOS, HERNAN		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>afae</u> ess (P.O. Be	Number is Not Acceptable				
3740 SOLANA ROAD				Nor					
MIAMI FL 33133			80,1	ding	38, Apt.	102	T 7: 0		
			CityPon	ላ በ ዓ.ሰ	10 Beach	FL		69	
the obligation	named entity submits this statement ons of registered agent.	70- 24FA	EL ARREA	2-A	2/	ida. I am far	niliar with, a	and accept	
SIGNATURE 2	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	E: Registered Agent signature re-	quired when re	instating)				
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State			9. Election Campaign Fina Trust Fund Contribution	ı.	Added	May Be to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		DITIONS/CHANGES TO OFFI			IN 11	ล
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE LOS RIOS, HERNAN 3740 SOLANA ROAD MIAMI FL 33133	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Livea	za, Rafael	Ĭ	Change	⊠ Addition	CR2E034 (10/02)
TITLE	VSD	Delete		1 2 D			Change	Addition	CRS
NAME STREET ADDRESS CITY-ST-ZIP	GONZALEZ, TATIANA 3740 SOLANA ROAD MIAMI FL 33133		NAME STREET ADDRESS CITY-ST-ZIP	Pomp	la, Carlos North Course Jano Beach	Drive FL	33c		3 2
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	

12. Thereby 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: .