2000	UNIFORM BUS	SI ISS REPO	RT (UBR)		
DOCUM	MENT# <i>P990</i>	000 83632	·3' .7	FILED Dec 18, 2000 8:00 A.	M
		CAFE, CC	ORP.	Secretary of State	•1 VI •
Principal Place	e of Business	Mailing Address		-	
	5W 8TH 5	-	857		
	FC 33/35	HIAMI	FL 33/35		
2. Principal Pt	ace of Business	3. Mailing Address		05-24-00 90154 013 \$15	sow 📕
"Suite, Apt. #, etc		Suite, Apt. W. etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied F 65 - 0949935 Not Appl	
2/0	Country	Zip	Country	5 Cartificate of Status Dogges \$8.75 Additional	
	6. Name and Address of Curre	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
.Name .					-
CARLOS J LORO			Street Address	s (P.O. Box Number is Noi Acceptable)	
1800 SW 22 Ave Aptif					
MIA.	HI F/ 3314	5	City	FL Zip Code	
8. The above	named entity submits this statement	for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.	
			•		
SIGNATURE _	Signature: typed or printed name of registered agr	ent and title if applicable (NO	E: Registered Agent signature requi	red when reinstaling) OATE	- E
Tax filing re	ration is eligible to satisfy its Intangil equirement and elects to do so. ia on back)	Atter HAYUZ		10. Election Campaign Financing \$5.00 May Added to Fet tate	
11.		ID DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1 88
THE SAME	P CARLOS 5 LOR	Delete	. TITLE	Change A	Addition
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2415+53+20P 1004	HIAMI FL 33	/ y 5 [−]	CITY-ST-ZIP	Change A	Addition
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TITLE .		☐ Delete	TITLE	☐ Change ☐ A	Addition
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HILE		☐ Delete	TITLE	☐ Change ☐ A	Addition at
NAMÉ			NAME STORES ADDRESS	-	. 1 1
STREET 400RESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
indicated of the cor changed.	on this report or supplemental repo poration or the receiver or trustee er or on an attachment with an addres	rt is true and accurate and that appowered to execute this repor	my signature shall have the t as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the informate same legal effect as if made under oath; that I am an chicer or director, Florida Statutes; and that my name appears in Block 11 or Block 12 7 / 00 (311) 854-/05	ector k 12 if
SIGNAT	UKE: SIGNET OF THE TYPE OF	OR PRINTED NAME OF SIGNING OFFICE	OR DIRECTOR	Our Course Process	<u> </u>

RUMBA CAFE, CORP

1380 SW 8 Street Miami, FL 33135 Phone (305)854-1054

December 14, 2000

Florida Department of State Division of Corporation PO Box 6327 Tallahassee, FL 32314

Reference No. P99000083632

Dear representative:

RE: Review the status of Rumba Cafe, Corp.

This is to request you to review the status of my corporation. When I was paying the corporation's occupational license a representative of Miami-Dade County told me that my corporation is inactive. Enclosed please find a copy of UBR form we sent on April 27, 2000 as well as a copy of the cleared check. Please send me a response as soon as possible.

Thanks in advance for your cooperation. If you have any questions please de not hesitate to call me at 305-854-1054.

Sincerely,

Carlos J. Loro, President