2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 30, 2001 8:00 am DOCUMENT # P99000101568 **Secretary of State** 1. Entity Name CAFE' MOJITOS, INC. 01-30-2001 90147 019 ***150.00 Principal Place of Business Mailing Address 1405 SW 107TH AVENUE 1405 SW 107TH AVENUE SUITE 301-B SUITE 301-B MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0964506 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required ""6." Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALMON, JOSE A Street Address (P.O. Box Number is Not Acceptable) 1405 SW 107TH AVENUE SUITE 301-B **MIAMI FL 33174** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition Change TITLE □ Delete TITLE SALMAN, JOSE A STREET ADDRESS STREET ADDRESS 13521 SW 62ND STREET UNIT 4 CITY-ST-ZIP ÇITY-ST-ZIP **MIAMI FL 33183** ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Date

Daytime Phone #

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR