

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90110 042 ***150.00

DOCUMENT # P99000104036

1. Entity Name
CAFETALES INTERNATIONAL, INC.

Principal Place of Business

6914 NW 51ST STREET
SUITE 201
MIAMI FL 33166

Mailing Address

6914 NW 51ST STREET
SUITE 201
MIAMI FL 33166

2. Principal Place of Business

6916 N.W. 51 Street

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0964312

Applied For

Not Applicable

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

ESTRADA, HERNAN

6914 NW 51ST STREET

SUITE 201

MIAMI FL 33131

Name

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

6916 N.W. 51 Street

City

MIAMI

FL

Zip Code

33166

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

G. F. E. VICE PRESIDENT 1/29/02

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

TITLE **PSTD** ☐ Delete
NAME **ESTRADA, HERNAN**
STREET ADDRESS **6914 NW 51ST STREET, SUITE 201**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **ESTRADA HERNAN**
STREET ADDRESS **6916 N.W. 51 Street**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☐ Delete
NAME **ESTRADA, GABRIEL**
STREET ADDRESS **6914 NW 51ST STREET, SUITE 201**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☒ Change ☐ Addition
NAME **ESTRADA GABRIEL**
STREET ADDRESS **6916 N.W. 51 Street**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☐ Delete
NAME **ESTRADA SANTIAGO**
STREET ADDRESS **6916 N.W.**
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **ESTRADA SANTIAGO**
STREET ADDRESS **6916 N.W. 51 Street**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE OF SANTIAGO GABRIEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 305-5974401

Date

Daytime Phone #

CR2E034 (9/01)