

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105364

1. Entity Name

CAFFE PONTE VECCHIO, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90011 015 ***150.00

Principal Place of Business Mailing Address
13446 SOUTHWEST 62TH STREET 13446 SOUTHWEST 62TH STREET
UNIT E101 UNIT E101
MIAMI FL 33183 MIAMI FL 33183

2. Principal Place of Business 3. Mailing Address
12953 Biscayne Blvd Same
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
N. Miami FL. City & State
Zip Country Zip Country
33181 USA

4. FEI Number Applied For
65-0966454 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

MARIN, GABRIELA A
13446 SOUTHWEST 62TH STREET
UNIT E101
MIAMI FL 33183

Name: Marin, Juan Carlos
Street Address (P.O. Box Number is Not Acceptable)
12953 Biscayne Blvd.
City: N. Miami FL Zip Code: 33181

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [Signature] Juan Carlos Marin - President 4-16-00
DATE: 4-16-00

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	MARIN, GABRIELA	
STREET ADDRESS	13446 SOUTHWEST 62TH STREET UNIT E101	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	President	<input type="checkbox"/> Delete
NAME	Marin Juan Carlos	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME	Jose Arias	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marin, Maria Gabriela	
STREET ADDRESS	12953 Biscayne Blvd.	
CITY-ST-ZIP	N. Miami FL 33181	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marin, Juan Carlos	
STREET ADDRESS	12953 Biscayne Blvd.	
CITY-ST-ZIP	N. Miami FL 33181	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Arias	
STREET ADDRESS	12953 Biscayne Blvd.	
CITY-ST-ZIP	N. Miami FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] Juan Carlos Marin - President 4-16-00 (305) 892-6500
DATE: 4-16-00 DAYTIME PHONE #

CR2E034 (9/99)