

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000105364**

1. Entity Name
CAFFE PONTE VECCHIO INC

Principal Place of Business Mailing Address
**16272 N.W. 18 ST
Pembroke Pines FL 33028 SAME**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **65-0966454** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Maria Gabriela Marin
16272 N.W. 18 ST
Pembroke Pines FL 33028**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. This entity has been duly organized for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE **M. Gabriela Marin** 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, 2001 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
**Maria Gabriela Marin
16272 N.W. 18 ST
Pembroke Pines FL 33028**
Delete
Delete
Delete
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
**000004575310-0
-09/07/01-01078-005
****150.00 ****150.00**
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

3. 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: **M. Gabriela Marin** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration: Period #

CP2F034 (11/00)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation CAFFE PONTE VECCIO, INC.

Thank you for your courtesy in this matter.


MARIA GABRIELA MARIN
PRESIDENT