2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97924 1. Entity Name	INCOS REPO		(00.1.)			FILED			5
PLAZA CIBELES CAFE, INC.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145				01 APR 30 PM 1:52				
2. Principal Place of Business 2300 Coral Way	3. Mailing Address 2300 Coral Way Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc. Suite # 200 City & State	Suite # 200 City & State			4.	FEI Number 65-0310		Ar	oplied For]
Miami, Florida Zip Country 33145 US	Miami, Florio Zip 33145	da Coun US	itry		Certificate of Status Desire		\$8.75 Add Fee Require		
6. Name and Address of Current FLORIDA ANNUAL REPORT SERVICES 2300 CORAL WAY SUITE 200 MIAMI FL 33145	INC		City	s (P.O.	Box Number is Not Accep	table))-4-1-() - /01/01- **150 .0	4030 -01113	4 -016 50.00	
8. The above named entity submits this statement for SIGNATURE Signature, typed or primed name of registered agout	and the if applicable. (NOT	AMAD	A CANTERA	LOP	EZ, President	of Florida.	5/0/		
9. This corporation is eligible to satisfy its Intangible 1. Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW After MAY 1, 20 Make Check Payal	01 Fee	will be \$550.00	ate	10. Election Campaign Trust Fund Contrib	oution.	Added	0 May Be I to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE PD GARCIA, JOANNA 6233 GRAND CANAL ROAD MIAMI FL 33126	DIRECTORS Delete		1	A	DDITIONS/CHANGES TO	OFFICERS AN	ND DIRECTORS Change	S IN 11 Addition	2E034 (10/00)
TITLE STD NAME GARCIA, JOANNA SIZEET ADDRESS 6233 GRAND CANAL ROAD MIAMI FL 33126	☐ Delete		1			-	☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				100		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete		1 '	V	1 W/30		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	-		() -			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete						☐ Change	☐ Addition	
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address, where the supplementary is a supplementary of the corporation or the receiver or trustee emportanged, or on an attachment with an address, where the corporation is the corporation of the cor	true and accurate and that r wered to execute this report	ny signat as requir	ure shall have the	e same	legal effect as if made und	der oath: that	I am an officer	or director	
SIGNATURE: SIGNATURE AND TYPED OF P	RINTED NAME OF SIGNING OFFICER	OR DIRECT	OR		Date	<u> </u>	Daytime Phone #		