

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36108

1. Entity Name

MALIBU CAFE, INC.

R

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90015 012 ***150.00

Principal Place of Business

8211 CHESTER LAKE RD N
JACKSONVILLE FL 32256
US

Mailing Address

P.O. BOX 54083
JACKSONVILLE FL 32245-4083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-1456365

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAGHERI, ABBAS
8211 CHESTER LAKE ROAD N.
JACKSONVILLE FL 32256

Name

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

City

FL

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)

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 \$550.00 (5000)
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
BAGHERI, ABBAS
8211 CHESTER LAKE RD N
JACKSONVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BAGHERI, JUDY G.
8211 CHESTER LAKE RD N
JACKSONVILLE FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ Delete

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00

Date

904/363-2220

Daytime Phone #

CR2E034 (5/00)

P36108

7006945

July 19, 2000
8211 Chester Lake Rd.N.
Jacksonville, FL 32256

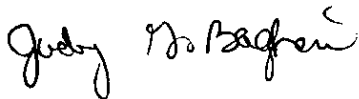
Re: Malibu Cafe, Inc.
F.E.I. # 75-1456365

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am enclosing a check in the amount of \$150.00 to cover the tax due for Malibu Cafe, Inc. I never received the first report to file on time. Please credit our account. Thank you for your assistance.

Sincerely,



Judy G. Bagheri
Malibu Cafe, Inc.