


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90193 034 ***150.00

DOCUMENT # P97000003651

1. Entity Name
THE BACK LOT CAFE & CATERING CO.



Principal Place of Business
7355 NW 41 STREET
MIAMI, FL 33166

Mailing Address
7355 NW 41 STREET
MIAMI, FL 33166

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 45111
Suite, Apt. #, etc.

City & State
MIAMI FL

Zip Country
33245111 DADE



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MULET, ELIZABETH
1851 SW 14TH ST SW ND TERRACE
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name MULET ELIZABETH
Street Address (P.O. Box Number is Not Acceptable)
1325 SW 22 Terr
City MIAMI FL Zip Code 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elizabeth Mulet* DATE 4.29.03
Signature, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW! FEES \$100.00
After May 1, 2003 Fee will be \$250.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MULET, LIZ	
STREET ADDRESS	1325 SW 22 TERR	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Mulet* DATE 4.29.03 35-606-6185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)