

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005695

1. Entity Name
JAVA RESERVATIONS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP -8 AM 8:00

Principal Place of Business
~~2 N.E. 40TH STREET~~
~~#401~~
MIAMI FL 33137
~~US~~

Mailing Address
~~2 N.E. 40TH STREET~~
~~#401~~
MIAMI FL 33137
US



2. Principal Place of Business
751 W. 51st Street

3. Mailing Address
SAME

☐ CHECK HERE IF MAKING CHANGES

MRD

City & State
Miami Beach, FL

City & State

Zip
33140

Country

4. FEI Number 36-3707130

Applied For
☐ 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

SCHWARTZ, FRED
2 N.E. 40TH STREET
#401
MIAMI FL 33137

751 W. 51st Street
Miami Beach, FL 33140

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SCHWARTZ, FRED
STREET ADDRESS 2 N.E. 40TH STREET, #401
CITY-ST-ZIP MIAMI FL 33137

TITLE
NAME
STREET ADDRESS 751 W. 51st Street
CITY-ST-ZIP Miami Beach, FL 33140

TITLE SD
NAME DORMAN, MICHAEL
STREET ADDRESS 1501 W FULLERTON
CITY-ST-ZIP CHICAGO IL 60614

TITLE
NAME
STREET ADDRESS 700023021347
CITY-ST-ZIP 09/12/03--01055--024 **150.00

TITLE V
NAME CANNIZZO, VICKIE
STREET ADDRESS 2 N.E. 40TH STREET, #401
CITY-ST-ZIP MIAMI FL 33137

TITLE
NAME
STREET ADDRESS 751 W. 51st Street
CITY-ST-ZIP Miami Beach, FL 33140

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-03 305-673-6688
Date Daytime Phone #

0234979 AV

CR2E034 (10/02)

Subj: RE: uniform business report / question
Date: 8/29/03 4:41:39 PM Eastern Daylight Time
From: corphelp@dos.state.fl.us
To: JAVAVILLAS@aol.com
Sent from the Internet (Details)

You can make a written request for a waiver of the late fee. Attach the request to a completed UBR, and submit with \$150. The request will be reviewed, but it is not a guarantee the request will be honored. If the late fee is required, you will receive a letter advising so.

Leslie Sellers
Internet Access

-----Original Message-----

From: JAVAVILLAS@aol.com [mailto:JAVAVILLAS@aol.com]

Sent: Friday, August 29, 2003 3:16 PM

To: corphelp@dos.state.fl.us

Subject: uniform business report / question

To whom it may concern.

I have a question about my UBR fee.

I rec'd a form last week saying that I owed \$550.00 this seemed like a lot so I looked in my accounting program to see a history on this fee for my company and saw that I paid \$150. last year.

We have been moving our office this week and I actually found the form that I rec'd in the spring with the \$150. filing fee ...

The reason I didn't pay this is because I was in Chicago because my father was ill and then passed away on April 22nd. I stayed in Chicago until May 12th to be with my mother and family. I must have placed the form with other tax forms and did not see this when I returned in May. I can provide you with a copy of my fathers death certificate and was wondering if you take consideration for special circumstances.

Being in the travel business we have had a rough time in the last few years and this \$550. fee is quite large for me. I would not have intentionally not paid this knowing the penalty would be \$400.00.

Again, I would be able to get a copy of the death certificate from my mother to send to you. I am hoping that you might have consideration for special circumstances and allow me to pay the original amount or possibly reduce the penalty. I understand I am late, and I understand that if you considered everyone who didn't pay it wouldn't be fair, but I feel my claim is legitimate and so I am sending you my email.

I look forward to hearing from you.

Thank you for your time and consideration in this matter.

Sincerely,
Vicki Cannizzo
JAVA Reservations

Subj: RE: UBR / QUESTION
Date: 8/29/03 4:25:32 PM Eastern Daylight Time
From: corphelp@dos.state.fl.us
To: JAVAVILLAS@aol.com
Sent from the Internet (Details)

The Internet Access Department does not have authorization to waive any late fees. Please contact the UBR filing department at 850-245-6059.

Gina
Internet Access

-----Original Message-----

From: JAVAVILLAS@aol.com [mailto:JAVAVILLAS@aol.com]
Sent: Friday, August 29, 2003 3:21 PM
To: corphelp@dos.state.fl.us
Subject: UBR / QUESTION

I just sent the following email - I wanted to add my 800 number in case you wish to call me. That # is 800-845-6276

Thank you again,
Vicki Cannizzo
JAVA Reservations

To whom it may concern.

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Thank you for your time and consideration in this matter.

Sincerely,
Vicki Cannizzo
JAVA Reservations

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

APR 25 2003

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK of Funeral Directors, Capital, or Physicians. Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST 1. JOSEPH CANNIZZO		SEX 2. MALE		DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 22, 2003	
COUNTY OF DEATH		AGE- LAST BIRTHDAY (YRS) 4. COOK 5a. 82		UNDER 1 YEAR 5b. 5c.		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. November 7, 1920	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO)	
6a. ELK GROVE VILLAGE		6b. ALEXIAN BROTHERS HOSPICE HOUSE		6c. PATIENT		9. Yes	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Lois Overhiser		12. 12	
SOCIAL SECURITY NUMBER 10. 318-18-0661		USUAL OCCUPATION 11a. Sales		KIND OF BUSINESS OR INDUSTRY 11b. Food Products		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER) 13a. 758 Bonita Ave.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Elk Grove Village		INSIDE CITY (YES-NO) 13c. Yes		COUNTY 13d. Cook	
STATE 13e. Illinois		ZIP CODE 13f. 60007		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. X NO YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST 15. Gaetano Cannizzo		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Cira Abbinatti					
INFORMANT'S NAME (TYPE OR PRINT) 17a. Lois Cannizzo		RELATIONSHIP 17b. Wife		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 758 Bonita Ave., Elk Grove Village, IL			
18. PART I.		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) Acute Chronic Myelomonocytic Leukemia					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		(c) DUE TO, OR AS A CONSEQUENCE OF					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES-NO) 19a. No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES-NO) 19b.	
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 4-22-03		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES-NO) 21b. No		HOUR OF DEATH 21c. 3:35 P.M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 4-23-03		ILLINOIS LICENSE NUMBER 22c. 03605944			
22a. SIGNATURE 22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		24a. Burial, Cremation, Removal (SPECIFY) 24a. Cremation		CEMETERY OR CREMATORY-NAME 24b. Elm Lawn Cemetery		LOCATION CITY OR TOWN STATE 24c. Elmhurst, IL	
24a. Cremation		24b. Elm Lawn Cemetery		24c. Elmhurst, IL		DATE (MONTH, DAY, YEAR) 24d. 04-25-2003	
25a. Friedrichs Funeral Home 320 W. Central Rd. Mt. Prospect, IL 60056		FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014719		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. April 25, 2003	
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		26b. April 25, 2003					

September 4, 2003

Dear Division of Corporations,

I was instructed to send this letter and submit it with my check for the original \$150.00 payment to go up for a review of the waiver of the additional fee because this bill was not paid by May 1, 2003.

I called the 800 number on the back of your form and the message asks people to go to the website www.sunbiz.com I have enclosed the email that I sent explaining my situation. I have also enclosed my father's death certificate showing his passing on April 22, 2003. I went to Chicago because his illness was getting worse just before Easter, and then he passed away on April 22. I did end up staying in Chicago for three weeks to help my mother and be with my family during this time.

I do also understand that many people may ask for a consideration, and have many reasons why they believe they should be given a waiver, but due to this circumstance and the high fee I felt compelled to try to ask for this consideration. I would not have knowingly left this bill unpaid with the understanding that the fee was \$400.00. This is quite a large bill for me, being in the travel business, as the last few years have been much slower and income is not what it use to be.

So, in closing I want to thank you for taking the time to review my case. If you have any questions at all please contact me at the following number: 305-673-6688.

Sincerely,



Vicki Cannizzo-Schwartz
Associate Director

Please note our new mailing address:

JAVA RESERVATIONS
751 West 51st Street
Miami Beach, FL 33140