

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2000 8:00 am**  
**Secretary of State**

09-19-2000 90145 041 \*\*\*550.00

**DOCUMENT # F95219**  
 1. Entity Name  
**FOOD COURT CORPORATION** ✓

Principal Place of Business      Mailing Address  
 8271 S.W. 185TH TERRACE      8271 S.W. 185TH TERRACE  
 MIAMI FL 33157      MIAMI FL 33157  
 US      US

**C0101010**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*8271 SW 185TH TERR*      *the same.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*MIAMI - Fla*      *the same.*

Zip      Country      Zip      Country  
*33157*      *MIAMI-Fla*      *the same.*      *the same.*

4. FEI Number      Applied For  
**59-2510527**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**MICHAEL, CARL M.**  
**8271 SW 185TH TERRACE**  
**MIAMI FL 33157**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*the same.*  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**  
**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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PTD                     | <input type="checkbox"/> Delete |
| NAME           | MICHAEL, CARL M.        |                                 |
| STREET ADDRESS | 8271 S.W. 185TH TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI FL                |                                 |
| TITLE          | VSD                     | <input type="checkbox"/> Delete |
| NAME           | MICHAEL, CAROLYN M.     |                                 |
| STREET ADDRESS | 8271 S.W. 185TH TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI FL                |                                 |
| TITLE          | V                       | <input type="checkbox"/> Delete |
| NAME           | MICHAEL, CHRISTINE M.   |                                 |
| STREET ADDRESS | 8271 S.W. 185TH TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI FL                |                                 |
| TITLE          | V                       | <input type="checkbox"/> Delete |
| NAME           | MICHAEL, STEPHAN M.     |                                 |
| STREET ADDRESS | 8271 S.W. 185TH TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI FL                |                                 |
| TITLE          | VD                      | <input type="checkbox"/> Delete |
| NAME           | MIGUEL, NANCY           |                                 |
| STREET ADDRESS | 3311 SW 24TH STREET     |                                 |
| CITY-ST-ZIP    | MIAMI FL                |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

12. 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 |
| 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 |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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: *Michael M. Michael*      **REQUIRED**      *President*      *9/10/2000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime phone #



FOOD COURT CORPORATION  
8271 S.W. 185 TERR.  
MIAMI, FL. 33157  
(305) 255-8064

Attachment  
# F95219  
C0101010

9-10-00

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN:

WE HAVE FAITHFULLY PAID THE FILING FEES  
FOR MANY YEARS (15 OR MORE), UNFORTUNATELY,  
THIS YEAR OUR ACCOUNTANT BECAME GRAVELY  
ILL AND HAD SURGERY WHICH KEPT HIM OUT OF  
WORK FOR SEVERAL MONTHS AND HE NORMALLY  
TAKES CARE OF THIS FOR US, I, PERSONALLY,  
DO NOT RECALL HAVING RECEIVED THE FIRST  
NOTICE, OR I WOULD HAVE PAID IT. NOW, YOU  
SENT ME ONE SAYING "SECOND NOTICE" WITH  
A VERY HEFTY PENALTY. I DO NOT BELIEVE WHAT  
THE STATE DOES IS FAIR, ESPECIALLY IN CASES  
SUCH AS THIS ONE.

I RESPECTFULLY ASK THAT I BE REFUNDED  
THE PENALTY FEE SINCE I NEVER  
RECEIVED THE FIRST NOTICE.

THANK YOU FOR YOUR CONSIDERATION.

FOOD COURT CORPORATION

CARL M. MICHAEL, PRESIDENT