

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90058 022 \*\*\*150.00

**DOCUMENT # F99000003123**  
 1. Entity Name  
**CALIFORNIA CAFE RESTAURANT CORPORATION**

Principal Place of Business 5725 PARADISE DRIVE, SUITE 450 CORTE MADERA CA 94925	Mailing Address 5725 PARADISE DRIVE, SUITE 450 CORTE MADERA CA 94925-1247
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2. Principal Place of Business 8001 S. ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. SPACE 1160	3. Mailing Address Suite, Apt. #, etc.
City & State ORLANDO FL	City & State
Zip 32809-17654	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

4. FEI Number **94-2558718** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO OUF, HAZEM</b> 5725 PARADISE DRIVE, SUITE 450 CORTE MADERA CA 94925 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBD FREEMAN, ROBERT</b> 5725 PARADISE DRIVE, SUITE 450 CORTE MADERA CA 94925 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD AMINIFARD, MOHSEN</b> 5725 PARADISE DRIVE, SUITE 450 CORTE MADERA CA 94925 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVD BENSON, JAMES H</b> 5725 PARADISE DRIVE, SUITE 450 CORTE MADERA CA 94925 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO GHUZZI, JOHN G</b> 5725 PARADISE DRIVE, SUITE 450 CORTE MADERA CA 94925 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** John G. Ghuzzi **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date 01/26/00 Daytime Phone # 415-924-6600

CR2E034 (9/99)