

2002 UNIFORM BUSINESS REPORT (UBR)

192

000428

DOCUMENT # L01000003977

1. Entity Name

MIJO CAFE, LLC

FILED

02 OCT 29 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5196 ROWE TRAIL
PACE FL 32571

Mailing Address

5196 ROWE TRAIL
PACE FL 32571

2. Principal Place of Business

34 South Palafox Pl

Suite, Apt. #, etc.
PENSACOLA, FL

City & State
32501

Zip

Country

ESCAMBIA

3. Mailing Address

6410 GUILFORD DR

Suite, Apt. #, etc.

PENSACOLA, FL

City & State

32504

Zip

Country

ESCAMBIA

4. FEE Number

59-3705277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLLOCK, JOHN C
5196 ROWE TRAIL
PACE FL 32571

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

SIGNATURE *John Pollock*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME V.P.
STREET ADDRESS Michelle Pollock
CITY-ST-ZIP 6410 GUILFORD DR
PENSACOLA, FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS 500008645095 ☐ Change ☐ Addition
CITY-ST-ZIP 10/29/02--01039--004 **\$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michelle Pollock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850-438-7788

CR2E083 (4/02)

2012

October 23, 2002.

Please note, I did not receive this notice due to a change of address. It went to my previous address and the new owner just brought it to me. I have noted the change of address on the enclosed form. Sorry for the inconvenience.

A handwritten signature in cursive script, appearing to read "M Pollock".

Michelle Pollock