

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90349 005 \*\*\*\*50.00

**DOCUMENT # L01000016386**

1. Entity Name  
**COULEUR CAFE, L.L.C.**

Principal Place of Business

**1103 FLORIDA AVE.  
 PALM HARBOR FL 34683**

Mailing Address

**1103 FLORIDA AVE.  
 PALM HARBOR FL 34683**

**3 0 0 0 0 0**

2. Principal Place of Business

**1345 Main Street**

3. Mailing Address

**P.O. Box 5852**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**SARASOTA, FL**

City & State  
**SARASOTA, FL**

4. FEI Number

**59-3745950**

Applied For

Not Applicable

Zip

Country

**34236-5626 USA**

Zip

Country

**34277-5852 USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145**

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 HALLACK, EMILE  
 1103 FLORIDA AVE.  
 PALM HARBOR FL 34683** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**HALLACK, EMILE  
 P.O. Box 5852  
 SARASOTA, FL 34277-5852** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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 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

**SARASOTA, FL 34277-5852**

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

**4/22/02**

Date

**941-953-5282**

Daytime Phone #

CR2E083 (9/01)