

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90069 005 ***150.00

DOCUMENT # M26713

1. Entity Name
WARNER'S CAFE, INC.

Principal Place of Business

2312 SW 4TH AVE
FT LAUD
FL 33315

Mailing Address

11810 NW 23 ST
PEMBROKE PINES
FL 33026

2. Principal Place of Business

2312 SW 4TH AVE
FT LAUD.

3. Mailing Address

11810 NW 23 ST.
PEMBROKE PINES

Suite, Apt. #, etc.

FL

Suite, Apt. #, etc.

PEMBROKE PINES

City & State

FL

City & State

PEMBROKE PINES

Zip

33315

Country

BROWARD

Zip

FL 33026

Country

BROWARD

6. Name and Address of Current Registered Agent

WERNER LOHNER
NORMA LOHNER
11810 NW 23 ST.
PEMBROKE PINES FL 33026

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 *James E. Lohner Secretary*

(NOTE: Registered Agent signature required when reinstating)

4/10/01
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	Warner Lohner	<input type="checkbox"/> Delete
NAME		11810 NW 23 ST.	
STREET ADDRESS		Pembroke Pines FL 33026	
CITY-ST-ZIP			
TITLE	S	Norma Lohner	<input type="checkbox"/> Delete
NAME		11810 NW 23 ST.	
STREET ADDRESS		Pembroke Pines FL 33026	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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
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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: *Werner L. Lohner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10 - 001

Date

954-463-6023

Daytime Phone #

CR2E034 (11/00)