

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M87924

1. Entity Name

LJG CAFES, INC.

Principal Place of Business

110 PONCE TERRACE CIRCLE
PONCE INLET FL 32019

Mailing Address

110 PONCE TERRACE CIRCLE
PONCE INLET FL 32019

2. Principal Place of Business

62 S TURN CIR

3. Mailing Address

62 S TURN CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponce Inlet FL

City & State

Ponce Inlet FL

Zip

32127

Country

Volusia

Zip

32127

Country

Volusia

6. Name and Address of Current Registered Agent

GENOVESE, LISA
110 PONCE TERRACE CIRCLE
PONCE INLET FL 32019

4. FEI Number

59-2917013

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GENOVESE, JOSEPH P.
110 PONCE TERRACE CIRCLE
PONCE INLET FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GENOVESE, LISA
110 PONCE TERRACE CIRCLE
PONCE INLET FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90082 005 ***150.00

C0021896



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)