

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M99786**

1. Entity Name

**MARCEL'S FRENCH RESTAURANT, INC.**

Principal Place of Business

Mailing Address

**% MARCEL G. WORTMAN  
2490 NORTHWEST 25TH ST.  
BOCA RATON FL 33431****M G WORTMAN  
6236 NW 21ST COURT  
BOCA RATON FL 33496  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0088520**

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****WORTMAN, MARCEL G  
6236 NW 21 COURT BAY POINT  
BOCA RATON FL 33431**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WORTMAN, MARCEL G.</b>	
STREET ADDRESS	<b>6236 NW 21ST COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WORTMAN, BARBARA W.</b>	
STREET ADDRESS	<b>6236 NW 21ST COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WORTMAN, BARBARA W</b>	
STREET ADDRESS	<b>6236 NW 21ST COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCEL WORTMAN**

Date

Daytime Phone #

**JAN-6-01 561 997-2070**

CP2E034 (10/00)

0031316

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90002 015 \*\*\*155.00

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DO NOT WRITE IN THIS SPACE