2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
05-16-2001 90027 043 ***150.00

DOCUMENT # P00000013767

1. Entity Name
HARD HAT CAFE, INC.

Principal Place of Business	Mailing Address
227 NE 8TH PLACE CAPE CORAL FL 33909	227 NE 8TH PLACE CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE
05-0980834

2. Principal Place of Business	3. Mailing Address
954-Pine Island Rd.	*SAME*
Suite, Apt. #, etc.: D	Suite, Apt. #, etc.
City & State: CAPE CORAL FL	City & State
Zip: 33909 Country:	Zip Country

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. 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
MATOS, BETSAIDA 227 NE 8TH PLACE CAPE CORAL FL 33909	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: BETSAIDA MATOS — Betsaida Matos
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATOS, REYNALDO 201 NE 9TH PLACE CAPE CORAL FL 33909	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATOS, JUAN A ~~201 NE 9TH PLACE~~ 227 NE 8th PL. CAPE CORAL FL 33909	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	Secretary BETSAIDA MATOS 227 NE 8th PL. CAPE CORAL, FL. 33909	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Reynaldo Matos — (941) 458-5587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #