2001 UNIFORM BUSINESS REPORT (UBR) Feb 01, 2001 8:00 am DOCUMENT # P00000020744 **Secretary of State** CABARET ENTERPRISES, INC. 02-01-2001 90129 015 ***158.75 Principal Place of Business Mailing Address 2544 RIVERSIDE DRIVE CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address 4118 NW 78TH LANE 4170 N. STATE RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For LAUDERDALE CORAL SPRINGS 65-0999466 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TLBERTE GUIRAND MARJORIE CHARLES 2544 RIVERSIDE DRIVE CORAL SPRINGS, FL 33065 8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE FILE NOW!!!-FEE IS \$150.00 9. This corporation is ellable to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change Delete JEAN GUIRAND MARJURIE CHARLES 2544 RIVERSIDE DRIVE NAME NAME STREET ADDRESS STREET ADDRESS 4118 NW 78TH LANE CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP CORAL SPRINGS, FL ☐ Delete FILBERTE GUIRAND 4118 NW 78TH LANE CORAL SPRINGS, FL 33065 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME FILBERTE GUIRAND 4118 NW 78TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RAL SPRINGS, F 3<u>3065</u> TITLE ☐ Delete TITLE FILBERTE GUIRAND NAME NAME STREET ADDRESS STREET ADDRESS NW 7877 LANE CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. IEAN GUIRAND SIGNATURE: Daytime Phone # ITED NAME OF SIGNING OFFICER OR DIREC