02-03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 17 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000207444

1. Entity Name
CABARET ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

200021764422
07/24/03--01030--027 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5095 NW 57th WAY	5095 NW 57th WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33067 Country:	Zip: 33067 Country: U-SA

4. FEI Number: 65-0999466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FILBERTE GUIRANDS

Street Address (P.O. Box Number is Not Acceptable): 5095 NW 57th WAY

City: CORAL SPRINGS FL Zip Code: 33067

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	FILBERTE GUIRANDS
STREET ADDRESS	5095 NW 57th WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Filberte Guirands 3/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/17

CABARET ENTERPRISES, INC.
5095 NW 57th Way
Coral Springs, FL 33067

July 11, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Justin M. Shivers

Dear Sirs:

We are in receipt of your letter dated April 1, 2003. We totally misunderstood about the payment due for 2002 as what happen is we paid prior and our check was sent back to us telling us we were fully paid, upon receipt of your letter I called your office and a kind gentleman explained that, that was in reference to 2001.

We humbly apologize for this misunderstanding and have enclosed our payment for 2002 and ask that you please remove any all late payments.

Anticipating your kind co-operation.

Filberte Guirand
President

Encls.