

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037789

1. Entity Name
CAFE BRAVO ENTERPRISES, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90063 041 ***150.00

Principal Place of Business
4280 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

Mailing Address
4280 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

902060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4280 GALT Ocean Drive
Suite, Apt. #, etc. #205

3. Mailing Address
4280 GALT Ocean Drive
Suite, Apt. #, etc. #205

City & State
Fort Lauderdale, FL
Zip 33308 Country USA

City & State
Fort Lauderdale
Zip 33308 Country USA

4. FEI Number
65-1077917
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

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name Jeffrey R. Stoll, Esq.
Street Address (P.O. Box Number is Not Acceptable)
350 East Las Olas Boulevard
Suite 1440
City Fort Lauderdale FL Zip Code 33301

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]* DATE 1/12/2001
Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input checked="" type="checkbox"/> Delete
NAME	KRYLOV, ALEX	
STREET ADDRESS	4280 GALT OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRYLOV, VALENTINA	
STREET ADDRESS	4280 GALT OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alex KRYLOV	
STREET ADDRESS	4280 GALT OCEAN DRIVE, #205	
CITY-ST-ZIP	Fort. Land, FL 33308	
TITLE	D, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valentina KRYLOV	
STREET ADDRESS	4280 GALT OCEAN DRIVE, #205	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* ALEX KRYLOV 1/12/2001 (954) 564-0536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)