

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90056 013 \*\*\*150.00

**DOCUMENT # P00000037789**

1. Entity Name  
**CAFE BRAVO ENTERPRISES, INC.**

Principal Place of Business  
**4280 GALT OCEAN DRIVE**  
**#20 J**  
**FORT LAUDERDALE FL 33308**

Mailing Address  
**4280 GALT OCEAN DRIVE**  
**#20 J**  
**FORT LAUDERDALE FL 33308**

2. Principal Place of Business  
**3414-C N. OCEAN BLVD.**  
 Suite, Apt. #, etc. **C**

3. Mailing Address  
**4280 GALT OCEAN DRIVE**  
 Suite, Apt. #, etc. **#20J**

City & State  
**FORT LAUDERDALE FL**  
 Zip **33308** Country **USA**

City & State  
**FORT LAUDERDALE FL**  
 Zip **33308** Country **USA**

4. FEI Number **65-1044914**

Applied For  
 Not Applicable

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

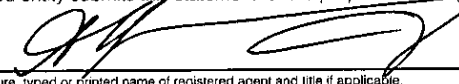
**6. Name and Address of Current Registered Agent**

**JEFFERY STOLL**  
**350 EAST LAS OLAS BOULEVARD, SUITE 1440**  
**FORT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name **ALEX KRYLOV**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4280 GALT OCEAN DRIVE, #20J**  
 City **FORT LAUDERDALE** FL Zip Code **33308**

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  **ALEX KRYLOV** **01/11/02**  
 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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT KRYLOV, ALEX 4280 GALT OCEAN DR #20J FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS KRYLOV, VALENTINA 4280 GALT OCEAN DR #20 J FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

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:  **ALEX KRYLOV** **01/11/02 (954) 563-5995**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)