

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90160 049 ***150.00

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1. Entity Name
CAFE BRAVO ENTERPRISES, INC.



Principal Place of Business

3414-C N OCEAN BLVD

C

FORT LAUDERDALE FL 33308

US

Mailing Address

4280 GALT OCEAN DRIVE

#20 J

FORT LAUDERDALE FL 33308

2. Principal Place of Business

3414-C N. OCEAN BLVD

3. Mailing Address

5840 NW 122 DRIVE

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale FL

City & State
Coral Springs FL

4. FEI Number **65-1044914**

Applied For

Not Applicable

Zip
33308

Country
USA

Zip
33076

Country
USA

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

KRYLOV, ALEX

4280 GALT OCEAN DRIVE

#20J

FORT LAUDERDALE FL 33308

Name

KRYLOV ALEX

Street Address (P.O. Box Number is Not Acceptable)

5840 NW 122 DRIVE

City

Coral Springs

FL

Zip Code

33076

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT KRYLOV, ALEX ☒ Delete
4280 GALT OCEAN DR #20J
FORT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT VS KRYLOV ALEX ☐ Change ☐ Addition
5840 NW 122 DRIVE
Coral Springs, FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS KRYLOV, VALENTINA ☒ Delete
4280 GALT OCEAN DR #20 J
FORT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)