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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

04-27-2001 90395 003 ***150.00

DOCUMENT # P00000041739

1. Entity Name
THE PLAZA CAFE, INC.

(UR)

Principal Place of Business	Mailing Address
7708 GREENBORO DR. W. MELBOURNE FL 32904	7708 GREENBORO DR. W. MELBOURNE FL 32904

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
the Plaza Cafe, Inc		1024 Highway A1A	
Suite, Apt. #, etc.: 1024 Highway A1A #118		Suite, Apt. #, etc.: 118	
City & State: Satellite Beach, FL		City & State: Satellite Beach, FL	
Zip: 32937	Country: Brevard	Zip: 32937	Country: Brevard

4. FEI Number: 59-3720920 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LAVE, SHIRLEY M
7708 GREENBORO DR. W.
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name,
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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 ______________________ DATE
Signature, typed 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 NAME STREET ADDRESS CITY-ST-ZIP	P, VP, S, T SHIRLEY LAVE 7708 GREENBORO DR W MELBOURNE, FL 32904 ☐ Delete	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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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.

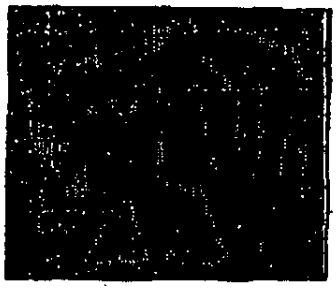
SIGNATURE: x Shirley M Lave Shirley M Lave 4-23-2001 321-777-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/27

attachment
#P0000004739

[redacted]
8499

Internal Revenue Service



Accounts Management Division
Branch II - Teletin Unit
Stop 751
PO Box 47421
Chamblee, GA 30362
Phone 678-530-7234/7235
FAX 678-530-6156

Date: May 29, 2001

[redacted]

Employee Identification: 0716934126

TO:	**SHIRLEY M LAVE**	**FAX:**	**321-773-7933**
FROM:	**Accounts Management Division I Teletin Unit**	**Pages:**	**1**
Company Name	**FLAZACAFE INC**	**Employer ID #**	**59-3720926**
Company Name		**Employer ID #**	
Company Name		**Employer ID #**	
Company Name		**Employer ID #**	
Company Name		**Employer ID #**	
Company Name		**Employer ID #**	
Company Name		**Employer ID #**	