

**.2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90112 034 \*\*\*150.00

0130223

**DOCUMENT # P00000049708**

1. Entity Name

**AMERICAN CAFE, INC.**

Principal Place of Business

**2418 NW 89TH DR  
CORAL SPRINGS FL 33065**

Mailing Address

**2418 NW 89TH DR  
CORAL SPRINGS FL 33065**

2. Principal Place of Business

**2900 W. SAMPLE ROAD**

3. Mailing Address

Suite, Apt. #, etc.  
**K 1127**

Suite, Apt. #, etc.

City &amp; State

**POMPANO BEACH, FL**

City &amp; State

Zip

**33073**

Country

**USA**

Zip

Country

4. FEI Number

**65-1018713**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****KOPROWSKI, PAUL A  
10031 PINES BLVD #224  
PEMBROKE PINES FL 33024****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

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, 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**TITLE **D** ☐ Delete  
NAME **KERN, CHRISTL**  
STREET ADDRESS **2418 NW 89TH DR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **P, D** ☒ Change ☐ Addition  
NAME **KERN, CHRISTL**  
STREET ADDRESS **2418 N.W. 89TH DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**TITLE **VP, D** ☐ Change ☒ Addition  
NAME **TAMERIAN NICOLE M.**  
STREET ADDRESS **5107 N.W. 57TH DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHRISTL KERN  
PRESIDENT****4/26/01 (954) 975-5742**  
Date Daytime Phone #

CR2E034 (10/00)