

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State
 07-12-2001 90119 034 ***550.00

0073638 AV

DOCUMENT # P00000070534

1. Entity Name
JUST DESSERTS CAFE INC

Principal Place of Business

~~4262 NORTHLAKE BLVD. #416~~
~~PALM BEACH GARDENS FL 33410~~

Mailing Address

~~4262 NORTHLAKE BLVD. #416~~
~~PALM BEACH GARDENS FL 33410~~

2. Principal Place of Business

5500 N. Military TR
 Suite, Apt. #, etc.
22-300

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

Jupiter FLORIDA

City & State

Jupiter FL

Zip

33458

Country

PAIM BEACH

Zip

33458

Country

FL

4. FEI Number

65-1029132

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

C0073117



6. Name and Address of Current Registered Agent

KARRAS, TOM

~~4262 NORTHLAKE BLVD. #416~~
~~PALM BEACH GARDENS FL 33410~~

5500 N. Military TR.
Jupiter FL 33458

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

Thomas J. Karras

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

(NOTE: Registered Agent signature required when reinstating)

7/8/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PRES	<input type="checkbox"/> Delete
NAME	LORI KARRAS	
STREET ADDRESS	5500 N. Military TR # 22-300	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE	V. Pres	<input type="checkbox"/> Delete
NAME	Thomas J. Karras	
STREET ADDRESS	5500 N. Military TR # 22-300	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

Thomas J. Karras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/8/01 5616307576

Daytime Phone #

CR2E034 (5/01)