

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90015 018 ***150.00

DOCUMENT #	P00000072389
1. Entity Name	
JAH LOVE CARIBBEAN RESTAURANT, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1700 MAIN STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
KISSIMMEE, FL			
Zip	Country	Zip	Country
34744-3315			

40114335

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-3659699		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LEROY ANDREW, JR
Street Address (P.O. Box Number is Not Acceptable)
1700 N MAIN STREET

City
KISSIMMEE
FL
Zip Code
34744

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEROY ANDREW, JR 1700 N MAIN STREET KISSIMMEE, FLORIDA 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 #

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
KISSIMMEE, FL			
Zip	Country	Zip	Country
34744-3315			

ATTACHMENT

40114335

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Name	
LEROY ANDREW, JR	
Street Address (P.O. Box Number is Not Acceptable)	
1700 N MAIN STREET	
City	Zip Code
KISSIMMEE	FL 34744

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10. OFFICERS AND DIRECTORS		11.	
TITLE	PRESIDENT	TITLE	
NAME	LEROY ANDREW, JR	NAME	
STREET ADDRESS	1700 N MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FLORIDA 34744	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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Date

Daytime Phone #