

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

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90044 006 ***150.00

DOCUMENT # *P00000075230*

1. Entity Name

Black Creek Cafe Inc



DO NOT WRITE IN THIS SPACE

24028045

2. Principal Place of Business

2696 Blanding Blvd

3. Mailing Address

242 Edgewater Branch Dr

Suite, Apt. #, etc.

Middleburg Florida

Suite, Apt. #, etc.

Jacksonville, FL

City & State

City & State

4. FEI Number

59-366 8257

Applied For

Not Applicable

Zip

32068

Country

USA

Zip

32259

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Elizabeth Platen

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

242 Edgewater Branch Dr

City

Jacksonville

FL

Zip Code

32259

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Platen, Elizabeth
242 Edgewater Branch Dr
Jacksonville, FL 32259*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VP
Platen, Johnathan
242 Edgewater Branch Dr
Jacksonville, FL 32259*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VP
Platen, Jason
242 Edgewater Branch Dr
Jacksonville, FL 32259*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Elizabeth Platen* *Elizabeth Platen*

3/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)