

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90085 025 ***150.00

DOCUMENT # P00000077091

1. Entity Name
PEPE'S LATIN CAFE, INC.

Principal Place of Business
4539 16TH ST N
ST PETERSBURG FL 33703

Mailing Address
4539 16TH ST N
ST PETERSBURG FL 33703

2. Principal Place of Business
8013 CITRUS PARK CENTER
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

4. FEI Number
59-3665609

Applied For
Not Applicable

Zip
33625

Country
HILLSBOROUGH

Zip
Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNOR, PATRICK M ESQ
C/O PATEL & O'CONNOR, P.A.
2240 BELLEAIR RD, STE 160
CLEARWATER FL 33764

EILEEN KAYE
4539 16TH ST N
ST PETERSBURG, FL
33703

Name
EILEEN KAYE
Street Address (P.O. Box Number is Not Acceptable)
4539 16TH ST N

City
ST PETERSBURG FL Zip Code
33703

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
Eileen Kaye

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/00

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
D **KAYE, EILEEN** ☒ Delete
4539 16TH ST N
ST PETERSBURG FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D **DELO, IN HUI** ☒ Delete
4000 13TH LN NE
ST PETERSBURG FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY ☒ 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
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Eileen Kaye*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN KAYE

1/5/00

Date

813 926-6533

Daytime Phone #

CR2E034 (10/00)