

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083393

1. Entity Name

TABU BISTRO AND NIGHTCLUB, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90121 045 ***150.00

Principal Place of Business

9 STONE STREET
COCOA FL 32922

Mailing Address

9 STONE STREET
COCOA FL 32922

00040003

2. Principal Place of Business

9 Stone St

Suite, Apt. #, etc.

3. Mailing Address

9 Stone St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cocoa FL

City & State

Cocoa FL

4. FEI Number

59-3668318

Applied For

Not Applicable

Zip

32922

Country

USA

Zip

32922

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Glenn

SUNDIN, GLENN T

335 SOUTH PLUMOSA STREET STE A
MERRITT ISLAND FL 32952

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	<input type="checkbox"/> Delete
NAME	PURVIS, STANLEY N	
STREET ADDRESS	5313 COLLINS AVE NO 503	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VALENTI, WALLY N	
STREET ADDRESS	9 STONE STREET	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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 lines empowered.

SIGNATURE:

Stanley N. Purvis

STANLEY N. PURVIS

4-22-01 (321) 639-8228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0079257