

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 SEP -4 PM 12:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P0000083393

1. Entity Name
TABU BISTRO AND NIGHTCLUB, INC.



Principal Place of Business Mailing Address
9 STONE STREET **9 STONE STREET**
COCOA, FL 32922 **COCOA, FL 32922**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
DAVIC, FL **12535 ORANGE DR #615**

City & State City & State
 Zip Zip Country Country
33330 **33330** **USA** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
59-3668318 Not Applicable

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


6. Name and Address of Current Registered Agent

JACOBSEN, GRETCHEN
1043 MYRTLE LANE
COCOA, FL 32922

7. Name and Address of New Registered Agent

Name **Richard La Russo**
 Street Address (P.O. Box Number is Not Acceptable)
12535 ORANGE DRIVE # 615
 City **DAVIC** FL Zip Code **33330**

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  DATE **9/02/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$650.00
 Amended UBR is \$61.26
 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	P	<input checked="" type="checkbox"/> Delete
NAME	JACOBSEN, GRETCHEN	
STREET ADDRESS	1043 MYRTLE LANE	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KRATZER, BRADLEY	
STREET ADDRESS	4480 DICKENS AVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERGER, RITA	
STREET ADDRESS	1043 MYRTLE LANE	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard La Russo	
STREET ADDRESS	12535 ORANGE DR # 615	
CITY-ST-ZIP	DAVIC, FL 33330	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angelina Menuity	
STREET ADDRESS	12535 ORANGE DR # 615	
CITY-ST-ZIP	DAVIC, FL 33330	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

500022738995
09/04/03--01005--003 **70.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **9/02/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

7/9/4