

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90034 034 ***550.00

DOCUMENT # P00000087581

1. Entity Name

AU-BEC-FIN RESTAURANT INC.

Principal Place of Business

**330 S. DIXIE HIGHWAY
 LAKE WORTH FL 33460**

Mailing Address

**330 S. DIXIE HIGHWAY
 LAKE WORTH FL 33460**

2. Principal Place of Business

330 S. Dixie Hwy
 Suite, Apt. #, etc.

3. Mailing Address

330 S. Dixie Hwy
 Suite, Apt. #, etc.

City & State

LAKE WORTH FL 33

City & State

LAKE WORTH FL

4. FEI Number

65-1042762

Applied For

Not Applicable

Zip

Country

33460

Palm Beach

Zip

Country

33460

Palm Beach

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRUM, IRWIN
 7737 N.W. 79TH AVENUE
 TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name **MARIE Y. JOURDAN**
 Street Address (P.O. Box Number is Not Acceptable)

1106 S. "M" ST
 City **LAKE WORTH, FL** Zip Code **33460**

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 **Marie Y. Jourdan**

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

(NOTE: Registered Agent signature required when reinstating)

9-7-01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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** ☐ Delete
 NAME **JOURDAN, MARIE Y**
 STREET ADDRESS **1106 S. M STREET**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **X**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-01 (561) 547-8020
 Date Daytime Phone #

CR2E034 (5/01)