

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90179 028 ***158.75

DOCUMENT # P00000105550

1. Entity Name
CAFE SOCIETY, INC.

A0067273



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**11921 S DIXIE HWY 205
MIAMI FL 33156**

**11921 S DIXIE HWY 205
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

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

**AZOULAY, CHARLES
11921 S DIXIE HWY 205
MIAMI FL 33156**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OHAYON, SERGE**
CITY-ST-ZIP **11921 S DIXIE HWY 205
MIAMI FL 33156**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **AZOULAY, CHARLES**
CITY-ST-ZIP **11921 S DIXIE HWY 205
MIAMI FL 33156**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
Date

305/256-8871
Daytime Phone #

CR2E034 (10/00)

Attachment
D# PD00000105552
AUG 12 73

Café Society

11921 S. Dixie Hwy, 205, Miami, FL 33156
Phone: 305/256-1171 Fax: 305/251-9960

Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir/Madam,

As per my phone conversation with your office today, I am submitting the report with a payment check of \$158.75.

I was instructed that if I will overnight the docs today that it will be OK to avoid paying the penalty. My boss authorized me to pay the fee in April and I neglected to do so. If you don't accept the fees as enclosed, I will have to pay the difference from my own pocket.

I thank you for your assistance and cooperation.

Best regards,

Mary Perez
Café Society, Inc.

