

AMENDED

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

DOCUMENT # P00000105643

1. Entity Name

CVF Restaurant, Inc.

FILED

02 JUL -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2282 N. Congress Ave.

Suite, Apt. #, etc.

3. Mailing Address

2282 N. Congress Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

65-1053753

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ron Howell

Street Address (P.O. Box Number is Not Acceptable)

2282 N. Congress Avenue

City

Boynton Beach

FL

Zip Code

33426

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]

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

(NOTE: Registered Agent signature required when reinstating)

05/07/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
D,P,S,T
Ron Howell
2282 N. Congress Avenue
Boynton Beach, FL 33426

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
100006532781--8
-07/19/02--01058--018
*****70.00 *****70.00

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
Ron Howell, President

05/07/02

(954) 785-8424

Date

Telephone #

CR2E034B (12/01)