FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90036 030 ***150.00

DOCUMENT # P01000016506

1. Entity Name
Pearl's Cafe, Inc.

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851470

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2. Principal Place of Business	3. Mailing Address
1748 Southland Ave.	1748 Southland Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, Fl.	City & State: Melbourne, Fl.
Zip: 32935 Country: USA	Zip: 32935 Country: USA

4. FEI Number: 59-3728105 ☐ Applied For ☐ Not Applicable

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: Lovette, Pearlie M..

Street Address (P.O. Box Number is Not Acceptable): 1748 Southland Avenue

City: Melbourne, FL Zip Code: 32935

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: Pearlie M Lovett PEARLIE M. LOVETT PRESIDENT 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (DATE: Registered Agent's signature required when changing) 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	P/D
NAME	Lovett, Pearlie M.
STREET ADDRESS	1748 Southland Ave.
CITY-ST-ZIP	Melbourne, Fl. 32935
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pearlie M. Lovett PEARLIE M. LOVETT PRESIDENT 4/29/02 (321) 727-0474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #