

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000017351

1. Entity Name
MARABOU CAFE, INC.



FILED

03 SEP -9 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9940 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address
9940 PINES BLVD
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0652108

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PDM
DEROSHIER, EMANUEL
STREET ADDRESS
16329 NW 16TH STREET
CITY-ST-ZIP
PEMBROKE PINES FL 33028

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
000023283420
09/23/03--01048--004 **150.00

TITLE NAME ☐ Delete
V
MIDY, EMMANUEL
STREET ADDRESS
10752 NW 51ST
CITY-ST-ZIP
CORAL SPRINGS FL 33076

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

TITLE NAME ☐ Delete
TS
SIMEON, ABNER
STREET ADDRESS
2211 N 50TH AVENUE
CITY-ST-ZIP
HOLLYWOOD FL 33021

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

July 19, 2003

Florida Department of State
Division of Corporations
Att: Mr. Tyrone Scott
409 E Gaines Street
Tallahassee, FL 32399

Dear Mr. Scott;

My name is Emanuel Deroshier and I am the President of Marabou, Inc. I did not receive any notices from the Dept of State until I received this notice that I owe \$550. I would respectfully request that the late filing fees be waived. I have enclosed a check for \$150 for the current filing fees.

If I can provide any further information, please contact my accountant, Paul Franson at 954-472-9144.

Sincerely,



Emanuel Deroshier