

2002 UNIFORM BUSINESS REPORT (UBR)

12/23/00 AV

DOCUMENT # **P01000017810**

1. Entity Name
VANESSA'S CAFE INC.

FILED

02 NOV 15 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**7428 N.W. 13TH AVE
MIAMI FL 33147**

Mailing Address

**7428 N.W. 13TH AVE
MIAMI FL 33147**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5820 NW 17th AVE

3. Mailing Address

P.O. Box 381161

Suite, Apt. #, etc.

STORE FRONT

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

651-1145327

Applied For

Not Applicable

Zip

Country

33142 USA

Zip

Country

33238 USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTSON, VANESSA G
7428 N.W. 13TH AVE
MIAMI FL 33147**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTSON, VANESSA G	
STREET ADDRESS	7428 N.W. 13TH AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 7, 02

Date

(305) 694 0975

Daytime Phone #

CR2E034 (9/01)

To Whom it may Concern OCT 17/02

I Mrs. Vanessa Robertson did send
a check in the amount of \$150.⁰⁰
to Division of Corporation Business ^{# 358}
report on 3/21/2002 however my
Bank said that they never received
a return check back, perhaps it was
lost in the shuffle of mail. Am requesting a
Certificate of Status please, I have also
Included the additional fee in the amount
of \$8.75 that's required.

Thank you so kindly
V. A. Robertson