

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90242 019 \*\*\*150.00

DOCUMENT # P01000030843 ✓

1. Entity Name

ARHAUS CAFE INTERNATIONAL, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1354 TARPON AVE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 3741

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA, FL

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SARASOTA, FL

4. FEI Number  
65-1093561

Applied For

Not Applicable

Zip  
34237

Country

USA

Zip  
34230

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
TIMOTHY MICCA

Street Address (P.O. Box Number is Not Acceptable)  
1354 TARPON AVE

City  
SARASOTA FL 34237

**DO NOT WRITE  
IN THIS SPACE**

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

Timothy Micca

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)

☒

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  
TIMOTHY MICCA  
1354 TARPON AVE  
SARASOTA, FL 34237

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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)(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:

Timothy Micca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)