

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-15-2002 90072 034 ***155.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075175

1. Entity Name

THE FRENCH DELI COMPANY

DO NOT WRITE IN THIS SPACE

91346

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3756 TANIANI Trail North

3. Mailing Address
 3756 TANIANI Trail North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 NAPLES, FL

City & State
 NAPLES, FL

4. FEI Number
 593743217

Applied For
 Not Applicable

Zip
 34103

Country
 USA

Zip
 34103

Country
 USA

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

7. Name and Address of Current Registered Agent

Name
 TABARDEL Georges

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

28 NAMI Circle

City
 NAPLES

FL

Zip Code
 34112

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

[Signature] - TABARDEL Georges 04-29-02

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
 TABARDEL Georges
 28 NAMI Circle
 NAPLES, FL 34112

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TABARDEL MARIE
 28 NAMI Circle
 NAPLES, FL 34112

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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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] TABARDEL Georges 04-29-02 9413538817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #