

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90168 013 ***158.75

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1. Entity Name
CHEZ MADAME JOHN'S RESTAURANT, INC.



Principal Place of Business
975 NE 125 STREET
NORTH MIAMI FL 33161

Mailing Address
482 NW 165 STREET RD.
A203
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

975 NE 125 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Miami, FL 33161

Zip

Country

33161

Country

U.S.

4. FEI Number 65-1128382

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANC, RENEE
975 NE 125 STREET
NORTH MIAMI FL 33161

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  Signature, typed or printed name of registered agent or director, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **BLANC, RENEE**
STREET ADDRESS **482 NW 165 STREET RD., #A203**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☒ Change ☐ Addition
NAME **498 NW 165 St. Rd. #D505**
STREET ADDRESS **Miami, FL 33169**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MANIGAT, HUGUETTE**
STREET ADDRESS **17251 NE 2 AVENUE**
CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE **V** ☒ Delete
NAME **JOSUE, DONALD**
STREET ADDRESS **19510 NW 7TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Blanc, Marie**
CITY-ST-ZIP **19510 NW 7th Avenue**
MIAMI, FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/1/03 (305) 892-9333

Date

Daytime Phone #

CR2E034 (10/02)