2002 UNIFORM BUSINESS REPORT (UBR)

Aug 12, 2002 8:00 am Secretary of State P01000084944 **DOCUMENT #** 1. Entity Name 08-12-2002 90011 004 ***150.00 SHERRY'S CAFE & DELI, INC. Principal Place of Business Mailing Address 010991 5411 BEAUMONT CENTER BLVD STE 705 5411 BEAUMONT CENTER BLVD STE 705 TAMPA FL 33634 TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 743848 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent Name FERNANDEZ, JOHNNY JR Street Address (P.O. Box Number is Not Acceptable) 3017 TALL PINE DR SAFETY HARBOR FL 34695 City 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Addition FERNANDEZ, JOHN JR. NAME NAME STREET ADDRESS 5411 BEAUMONT CENTER BLVD STE 705 STREET ADDRESS TAMPA FL 33634 CITY-ST-7IP CITY-ST-ZIP ۷S TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FERNANDEZ, DONNA NAME STREET ADDRESS 5411 BEAUMONT CENTER BLVD STE 705 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33634 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C/TY-ST-Z/P CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like te empowered:

CITY-ST-ZIP

SIGNATURE:

FILED

attachment

Robert F. Di Marco, C.P.A.

Member: American Institute of Certified Public Accountants

3444 East Lake Road, Suite 412 East Lake Woodlands Executive Center Palm Harbor, Florida 34685

Member: Florida Institute of Certified Public Accountants

Phone: (727) 787-5290

Fax: (727) 786-3785

July 22, 2002

To:

Florida Department Of State

Division Of Corporations

Annual Report P O Box 6327

Tallahassee, FL 32314

Re:

Sherry's Café & Deli, Inc.

5411 Beaumont Center Blvd

Ste 705

Tampa, Fl 33634

To Whom It May Concern:

Enclosed, please find a check in the amount of \$150 to bring Sherry's Café & Deli, Inc. current on the filing of the 2002 Uniform Business Report.

Due to non receipt of the initial notice, and the business unfamiliar with the filing of such reports, we ask that you accept as first notice.

Thank you for your help in this matter, if you have any questions, or require additional information, please do not hesitate to contact our office.

Sincerely,

Robert F. DiMarco

Certified Public Accountant

RFD/klh