

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90322 012 ***550.00

0027668 AV

DOCUMENT # P01000088667

1. Entity Name

MARCIA'S CAFE' INC.



Principal Place of Business

**9940 SW 8TH ST
PEMBROKE PINES FL 33025**

Mailing Address

**9940 SW 8TH ST
PEMBROKE PINES FL 33025**

2. Principal Place of Business

3750 NORTH State Rd 7

3. Mailing Address

3750 NORTH State Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, Florida

City & State

Lauderdale Lakes, Florida

Zip

33319

Country

USA

Zip

33319

Country

USA

4. FEI Number

65-1139352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PITTER, CARL S
7447 NW 57TH ST
TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name **LLOYD G. MCGHIE**

Street Address (P.O. Box Number is Not Acceptable)
9940 SW 8TH STREET

City **PEMBROKE PINES FL**

Zip Code **33025**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **DVT** ☐ Delete
NAME **MCGHIE, LLOYD G**
STREET ADDRESS **9940 SW 8TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **DPS** ☐ Delete
NAME **HALL, MARCIA M**
STREET ADDRESS **3580 NW 113TH TERR**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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] **RECORDED** **MCGHIE**

9/1/03

954-484-1566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/03)