

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90102 047 ***150.00

DOCUMENT # P01000096661

1. Entity Name

ALL-AMERICAN CAFE, INC.

Principal Place of Business

**11748 N.W. 12TH STREET
PEMBROKE PINES FL 33026**

Mailing Address

**11748 N.W. 12TH STREET
PEMBROKE PINES FL 33026**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MOSKOVITZ, DANIEL ESQ.
48 EAST FLAGLER STREET
PENTHOUSE 104
MIAMI FL 33131****7. Name and Address of New Registered Agent**

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 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)** ☐**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 D** ☐ Delete
NAME CHERRADI, HAFID ALFRED
STREET ADDRESS 11748 N.W. 12TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33026**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. 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**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/02 (954) 394-6631

CR2034 (4/02)

Attachment
ID# P01000096661

TO WHOM IT MAY CONCERN:

872254

PER MY CONVERSATION WITH AN EXAMINER
IN YOUR OFFICE, THIS LETTER IS TO DOCUMENT
WHAT WAS DISCUSSED. THE REGISTERED AGENT
NEVER INFORMED ME THAT WE HAD TO FILE
AN ANNUAL REPORT THIS YEAR BECAUSE THE
CORPORATION IS NOT A ONE YEAR OLD UNTIL
OCTOBER 23 OF 2002. HE WAS UNDER THE
IMPRESSION THAT WE HAD TO FILE BY NEXT
YEAR 2003 WHEN IT'S DUE. I NEVER
RECEIVED ANY PRIOR CORRESPONDENCE UNTIL
I RECEIVED THIS ENCLOSED DOCUMENT.

PLEASE CONSIDER THIS INADVERTENT MISTAKE
AS ONE OF SINCERE ACTIONS AND ACCEPT
MY \$150.00 FEE TO FILE. I WOULD REALLY
APPRECIATE IT. I HAVE NOT BENEFITED FROM
THIS CORPORATION AS OF YET. WE'RE IN THE
PROCESS OF OPENING 9/15/02. THANK YOU!