

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90135 033 ***150.00

DOCUMENT # P02000013120

1. Entity Name
FRENCH WEST INDIES CAFE, INC.



Principal Place of Business
**2400 E COMMERCIAL BLVD. SUITE 826
FT LAUDERDALE FL 33308**

Mailing Address
**2400 E COMMERCIAL BLVD. SUITE 826
FT LAUDERDALE FL 33308**



2. Principal Place of Business
1611 N. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address
1611 N. FEDERAL HWY
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT LAUDERDALE FL
Zip
33305
Country
U.S.A

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FT LAUDERDALE FL
Zip
33305
Country
U.S.A

4. FEI Number
36-4488484
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HOTTE, JOHN F
2400 E COMMERCIAL BLVD, SUITE 826
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
Name
PAOLI, BERNARD
Street Address (P.O. Box Number is Not Acceptable)
1611 N. FEDERAL HIGHWAY
City
FT LAUDERDALE FL Zip Code
33305

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)

01/23/03
DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAOLI, BERNARD 2400 E COMMERCIAL BLVD, SUITE 826 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUNIGADOU, ODILE 2400 E COMMERCIAL BLVD, SUITE 826 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAOLI, BERNARD 1611 N. FEDERAL HWY FT LAUDERDALE FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOUNIGADOU, ODILE 1611 N. FEDERAL HWY FT LAUDERDALE FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/03 954566 1716
Date Daytime Phone #

CR2E034 (10/02)