

2005

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90096 030 \*\*\*150.00

**DOCUMENT #**  
1. Entity Name **P02000066285**

**Bon Ami Cafe, Inc.**

**DO NOT WRITE IN THIS SPACE**

50057221

2. Principal Place of Business <b>5650 Stirling Rd. # 8</b>		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>33-1021530</b>		Applied For Not Applicable	
City & State <b>Hollywood, FL 33021</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country <b>Broward</b>	Zip	Country				

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IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name **Gila Churba**  
Street Address (P.O. Box Number is Not Acceptable)  
**5650 Stirling Rd. # 8**  
City **Hollywood** FL Zip Code **33021**

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.

SIGNATURE *Gila Churba* **7/15/05**  
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) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director Gila Churba 5650 Stirling Rd. # 8 Hollywood, FL 33021</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gila Churba* **7/15/05** **954-529-7548**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)

ATTACHMENT  
50057221

JULY 15, 2005

Bon Ami Cafe, Inc.  
~~5650~~ Stirling Rd. # 8  
Hollywood, FL 33021-1500  
P02-000066285

33-1021530

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

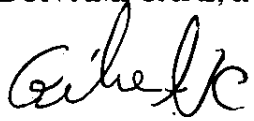
DEAR SIR OR MADAM:

ENCLOSED IS THE CORPORATION REINSTATEMENT FORM  
FOR OUR COMPANY FOR 2005, AND A PAYMENT OF \$ 150.00.

THE REASON THIS FORM WAS NOT FILED PRIOR TO  
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID, "THAT YOU WOULD  
ALLOW THIS FORM TO NOW BE FILED WITHOUT A PENALTY". THANK YOU.

VERY TRULY YOURS,  
BON AMI CAFE, INC. .

  
By: Gila Churba, PRESIDENT