2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000084593 **DOCUMENT #**

1. Entity Name



May 06, 2003 8:00 am 8 Secretary of State **FILED**

DONNA'S	CARIBBI	EAN RESTAURANI	AT MARGA	ATE, INC.			03-06-2003 90026	004 130	.00
Principal Place of Business 5434 NORTH UNIVERSITY DRIVE LAUDERDALE FL 33351			Mailing Address 5434 NORTH UNIVERSITY DRIVE LAUDERDALE FL 33351					· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business			3. Mailing Address					B B B B B B B B	INCON EXIL SUNS
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4	75-3075560		oplied For ot Applicable
Žip		Country	Zip		Country	5	5. Certificate of Status Desired	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent						7	. Name and Address of New Registere	d Agent	
					Name				
PITTER, CARL S 7447 NORTH WEST 57TH STREET			Street Addre		ess (P.O	. Box Number is Not Acceptable)	Verdile 1 .		
TAMARAC	FL 33319								
					City		F	Zip Coo	le
	e named entit tions of regist		r the purpose of c	hanging its re	gistered office or reg	gistered	agent, or both, in the State of Florida. I a	m familiar with,	and accept
SIGNATURE	Signature typed	or printed name of registered agent a	and title if applicable	(NOTE: R	egistered Agent signature re	aguired whe	en reinstating) DATI		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							•		- 1
Afte	r May 1, 200	3 Fee will be \$550.00					Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be
Afte	r May 1, 200	3 Fee will be \$550.00 Florida Department of	<u>l</u>				Trust Fund Contribution.	Adde	d to Fees
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Afte Make Chec 10.	DVT GORDON,	OFFICERS AND KARL M THWEST 57TH STREET	DIRECTORS	Delete	TITLE		Trust Fund Contribution.	ND DIRECTOR	d to Fees S IN 11
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th this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information 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 parties to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee. changed, or on an attachment with all other like empowered.

SIGNATURE:

RE REQUIRED

Daytime Phone #