

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90107 022 ***150.00

0408459 AV

DOCUMENT # P02000113455

1. Entity Name
THE BON APPETIT CAFE, INC.



Principal Place of Business
**7012 CHESAPEAKE CIR
BOYNTON BEACH FL 33436**

Mailing Address
**7012 CHESAPEAKE CIR
BOYNTON BEACH FL 33436**

2. Principal Place of Business

6346 Lantana Rd

3. Mailing Address

SAME

Suite, Apt. #, etc.

13

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

SAME

4. FEI Number

05-0540588

Applied For

Not Applicable

Zip

33463

Country

U.S.A

Zip

33463

Country

U.S.A

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ZOUGGARI, NOUREDDINE
7012 CHESAPEAKE CIR
BOYNTON BEACH FL 33436**

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 _____

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	D	<input type="checkbox"/> Delete
NAME	ZOUGGARI, NOUREDDINE	
STREET ADDRESS	7012 CHESAPEAKE CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	KHAROUBI, RAOUF A	
STREET ADDRESS	7012 CHESAPEAKE CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

N. ZOUGGARI NOUREDDINE ZOUGGARI

4/2/03 (B) 963-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)