FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1402

FILED

03 AUG 11 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121509

1. Entity Name

RHAPSODY RESTAURANT & LOUNGE

DO NOT WRITE IN THIS SPACE

500022357655
08/15/03--01061--014 **123.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3055 NW 19 Street	3055 NW 19 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. LAUDERDALE FL	City & State: Ft. LAUDERDALE FL
Zip: 33311 Country: USA	Zip: 33311 Country: USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LILIAN R. HAYLES

Street Address (P.O. Box Number is Not Acceptable): 3013 N. OAKLAND Forrest Dr #103

City: OAKLAND PK FL Zip Code: 33309

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] LILIAN R. HAYLES PRESIDENT 8-3-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT + LILIAN HAYLES 3013 OAKLAND Forrest DR # 103 OAKLAND PK FL 33309	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE - PRESIDENT + ERROL CORINTHIAN 3013 OAKLAND Forrest DR OAKLAND PK # 103	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/11/03
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LILIAN R. HAYLES 8-3-03 (954) 485-9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

ATTN: Michelle Milligan
Division of Corporations
409 East Gaines Street
Tallahassee FL 32399

Dear Masam,

Our Coporation did not Recieved the Uniform Business Report (UBR) Forms. The president (Registered Agent) died in April and at that time no paper work was available to us. This was a very hard and Chaotic time for the corporation, financially and otherwise.

Please waive the penalty because of these dire circumstances, has we try to keep the business afloat. Thanks in advance.

Yours Truly
Ewell Carithers
Vice-President