

P110000015306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

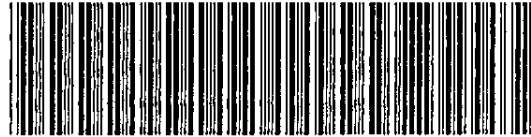
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JUL 25 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Qued
7/27/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Deja Vu Sports BAR & Lounge INC.

DOCUMENT NUMBER: P 11000015306

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Torres
Name of Contact Person

Deja Vu Sport BAR & Lounge INC.
Firm/ Company

7632 NW 126 st Hialeah FL 33015
Address

Hialeah - FL - 33015
City/ State and Zip Code

OT.Torres@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Torres at (726) 973-1234.
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed) |
|---|--|--|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2011

JOSE TORRES
6790 NW 186 STREET #201
HILEAH, FL 33015

SUBJECT: DEJA VU SPORTS BAR & LOUNGE, INC.
Ref. Number: P11000015306

We have received your document for DEJA VU SPORTS BAR & LOUNGE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 211A00011558



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2011

JOSE TORRES
6790 NW 186 STREET #201
HIALEAH, FL 33015

SUBJECT: DEJA VU SPORTS BAR & LOUNGE, INC.
Ref. Number: P11000015306

We have received your document for DEJA VU SPORTS BAR & LOUNGE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 211A00011558

Deja Vu Sports Bar & Lounge INC.

P 110000 15.306.

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Oscar Torres	7632 NW 186 St Hialeah FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	Charles F. Machado Jr.	7632 NW 186 St Hialeah FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	Zuni Machado	7632 NW 186 St Hialeah FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: May-28-2011
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

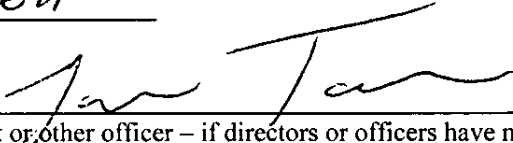
by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated May-28-2011

Signature


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jose Torres.
(Typed or printed name of person signing)

President
(Title of person signing)