2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am Secretary of State DOCUMENT # P92000002413 1. Entity Name CAFE IGUANA, INC. 02-08-2000 90014 001 ***900.00 Principal Place of Business Mailing Address 3801 HOLLYWOOD BLVD 8505 MILLS DR., #N-237 MIAMI FL 33183 SUITE 101 HOLLYWOOD FL 33023-6736 HS 2. Principal Place of Business 3. Mailing Address STAK RA 7 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0364440 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTHSTEIN, SCOTT W Street Address (P.O. Box Number is Not Acceptable) 1 FINANCIAL PLAZA STE 2615 FT. LAUDERDALE FL-33324 3329 4 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution: П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete TITLE **UTZV** caputi, Stephen J. Suite 205 NAME CAPUTI, STEVE STREET ADDRESS STREET ADDRESS 3801 HOLLYWOOD BLVD., STE. 101 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Hollywood TITLE ☐ Delete TITLE ☐ Addition NAME DELANEY, GERARD NAME STREET ADDRESS STREET ADDRESS 3801 HOLLYWOOD BLVD STE 101 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021. VSTD TITLE ☐ Addition TITLE Delete NAME CAPUTI, STEPHEN J NAME STREET ADDRESS STREET ADDRESS 3801 HOLLYWOOD BLVD STE 101 CITY-ST-ZIP CITY-ST-ZIE HOLLYWOOD FL 33021 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eport 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 of this tempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

n address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OF

changed, or on an attachment w

SIGNATURE:

FILED