

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000002874**

1. Entity Name
CAFE DEL MAR, INC.

FILED

02 SEP 23 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**244 S. OCEAN BLVD.
MANALAPAN FL 33462**

Mailing Address
**244 S. OCEAN BLVD.
MANALAPAN FL 33462**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0377347

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VITRANO, MARY E
3546 S. OCEAN BLVD.
PALM BEACH FL 33462**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VITRANO, MARY E 3546 S OCEAN BLVD PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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CR2E034 (9/01)

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mary E Vitrano**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02 5615472233
Date Daytime Phone #

Café Del Mar
244 S. Ocean Blvd.
Manalapan, Fl. 33462
(561) 547-2233

Val

September 14, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: P3000002874

Attn: Ms. Michelle Milligan

I am requesting that you please waive the \$400 late fee penalty. My husband recently died and I have been trying to run this business and work at my teaching job. In this case the mail was misplaced and I did not receive it until it was too late.

This is a small business in a seasonal location. This fee would be a considerable burden. Since we had this business since 1993 I was not in a position to do anything but keep it. I have made considerable progress this first season. I will be more vigilant in the future to be aware of the annual report filing date.

Your consideration would be most appreciated.

Sincerely,

Mary Ellen Vitrano

Mary Ellen Vitrano

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
www.flsos.org