

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90033 026 ***150.00

DOCUMENT # P93000023070

1. Entity Name
STUDIO BEACH CAFE AT JENSEN, INC.



Principal Place of Business
**3500 SW 14TH ST
DEERFIELD BEACH FL 33442**

Mailing Address
**1540 SE 8TH STREET
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

~~1540 SE 8th Street~~
**1540 SE 8th Street
Deerfield Beach, FL 33441**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0403835**

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

**PERRY, GERARD
3500 SW 14TH ST
DEERFIELD BEACH FL 33442**

GERARD
~~Gerard~~ Perry, ()
**1540 SE 8th Street
Deerfield Beach, FL 33441**

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 **GERARD PERRY, PRES**
Signature, typed or printed name of registered agent and title if applicable.

(NO New Registered Agent signature required when reinstating)

DATE

4-10-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PERRY, GERARD**
STREET ADDRESS **3500 SW 14TH ST**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARD PERRY **4-10-03** **560-7479**

Date Daytime Phone #

CR2E034 (10/02)