

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032047

1. Entity Name

EL PASS O CAFE, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90209 049 ***150.00

Principal Place of Business

Mailing Address

1120 PINELLAS BAYWAY
#114
TERRA VERDE FL 33715
US

1120 PINELLAS BAYWAY
#114
TIERRA VERDE FL 33715-1500
US

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

59-3180789

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

BROIDA & NAPIER P.A.
605 - 75TH AVE.
ST. PETERSBURG FL 33706

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	STONE, DAVID L	
STREET ADDRESS	13331 GULF BLVD	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, BETH J	
STREET ADDRESS	13331 GULF BLVD	
CITY-ST-ZIP	MADEIRA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STONE, JUDITH A	
STREET ADDRESS	13331 GULF BLVD	
CITY-ST-ZIP	MADERIA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CONNOLLY, RUTH A	
STREET ADDRESS	1120 PINELLAS BAYWAY, #114	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1120 PINELLAS BAYWAY S # 213
CITY-ST-ZIP	TIERRA VERDE FL 33715
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1120 PINELLAS BAYWAY S # 112
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 I am empowered.

SIGNATURE:

Judith A Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/00 722-865-1494

CR2E034 (9/99)