

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P930.00048469

1. Entity Name

LAS OLAS CUISINE INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90063 020 ***150.00

Principal Place of Business

828 SE 4th St
Ft LAUD FL.
33301

Mailing Address

IRA MARCUS P.A.
888 ELAS OLAS BLD
Suite 710
Ft LAUD FL 33301

2. Principal Place of Business

828 SE 4th St
Suite, Apt. #, etc.

3. Mailing Address

Janet Marcus
Suite, Apt. #, etc.
828 SE 4th St.

City & State

Ft LAUD FL.

City & State

Ft LAUD FL

4. FEI Number

650460950

Applied For

Not Applicable

Zip

33301

Country

BROWARD

Zip

33301

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0062481

6. Name and Address of Current Registered Agent

IRA MARCUS P.A.
888 ELAS OLAS BLD.
Suite 710
Ft. LAUD. FL. 33301

7. Name and Address of New Registered Agent

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, 2001 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

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> Delete |
| NAME | JANET MARCUS | |
| STREET ADDRESS | 828 SE 4th St. | |
| CITY-ST-ZIP | Ft LAUD. FL 33301 | |
| TITLE | TREASURER/SECRETARY | <input type="checkbox"/> Delete |
| NAME | IRA MARCUS | |
| STREET ADDRESS | 828 SE 4th St. | |
| CITY-ST-ZIP | Ft LAUD FL 33301 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |

CR2E034 (11/00)

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JANET MARCUS JANET A. MARCUS 04.20.01