

2000 UNIFORM BUSINESS REPORT (UBR)

977000UBR

APPROVED
AND
FILED

00 AUG 25 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000064289

1. Entity Name
Palace Cafe, Inc.

Principal Place of Business Mailing Address

1200 OCEAN DRIVE
Miami Beach, FL 33139

2. Principal Place of Business 3. Mailing Address

1200 OCEAN DRIVE
Suite, Apt. #, etc.

City & State City & State

Miami Beach, FL

Zip Country Zip Country

33139

4. FEI Number Applied For
65-0513151 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

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 Jon R. Becker

8/17/00

(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 President (PSTD) ☐ Delete
NAME Jon Becker
STREET ADDRESS 70 OCEAN FRONT DRIVE
CITY-ST-ZIP Key Largo FL 33037

TITLE ☐ Change ☐ Addition
NAME 400003386194--5
STREET ADDRESS -09/08/00--01008--003
CITY-ST-ZIP *****308.75 *****308.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: Jon R. Becker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/00
Date

305-531-5057
Daytime Phone #

CR2E034 (9/99)

8/15/00

ATT: TO WHOM IT MAY CONCERN

Re: Gabrielle Becker

Palace Cafe Inc

P94000064289

As per my conversation on the telephone with Michelle Milligan on Aug 15, 2000 I am writing to ~~request~~ inform you that due to a clerical error on 1998 annual report my address was not updated and I never received my 1999 report. I am formally requesting that all penalty fees be waived.

I am enclosing a completed form and a check for \$300 dollars to be applied toward 1999 & 2000 reports

Sincerely,

Gabrielle Becker
(305-451-4311)

8/17/00

PS I am enclosing additional ck for \$207.5 for Certificate of Status for Palace Cafe