

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jul 14, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91228 005 \*\*\*150.00

**DOCUMENT # P94000064289**

1. Entity Name

**PALACE CAFE, INC.**

Principal Place of Business

1200 OCEAN DR  
 MIAMI BEACH FL 33139  
 US

Mailing Address

1200 OCEAN DR  
 MIAMI BEACH FL 33139  
 US

97129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO BOX 402129  
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 402129  
 Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0513151

Applied For

Not Applicable

Zip

Country

33140

Zip

Country

33140

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BECKER, JON  
 C/O PALACE CAFE, INC.  
 1200 OCEAN DR.  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

BECKER, JON

Street Address (P.O. Box Number is Not Acceptable)

3465 N Meridian Ave

City

Miami Beach, FL

FL

Zip Code

33140

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]*  
 Signature, typed or printed name of registered agent and date if applicable.

Jon R Becker

4/29/02

(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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BECKER, JON	
STREET ADDRESS	70 OCEAN FRONT DRIVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
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
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 an otherwise empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 305-673-6366

CR2E034 (9/01)