

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037315

1. Entity Name

FRENCH CREPE AND CATERING INC.

Principal Place of Business

19701 SW 114 AVE  
APT 363  
MIAMI FL 33157

2. Principal Place of Business

401 Biscayne BLVD  
# 5200

3. Mailing Address

6900 SW 88st  
A203

Suite, Apt. #, etc.

City &amp; State

FL MIAMI

City &amp; State

MIAMI FL

Zip

33132

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0577247

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ABRAHAM, LILIAN  
19701 SW 114 AVE  
APT 363  
MIAMI FL 33154

## 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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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

CR2E034 (9/01)

TITLE DP  
NAME MEHANA, ATIF  
STREET ADDRESS 19701 S.W. 114 AVE., APT 363  
CITY-ST-ZIP MIAMI FL 33157 DeleteTITLE VSD  
NAME ABRAHAM, LILIAN  
STREET ADDRESS 19701 SW 114 AVE, APT 363  
CITY-ST-ZIP MIAMI FL 33157 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete

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:

SIGATE FRENCH CATERING INC MEHANA

March 24, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0250769 AV