

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049747

1. Entity Name

Trifon's Restaurant, INC.

Principal Place of Business

1655-1657 S. 21st Ave
Hollywood, FL 33020

Mailing Address

1655-1657 S. 21st Ave
Hollywood, FL 33020

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 5:16

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0595006

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

EFREMOV, VANYA
1655-1657 S. 21st Ave
Hollywood, FL 33020

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DIMITRE EFREMOV
1655-1657 S 21ST AVE
Hollywood, FL 33020

☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP
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VANYA EFREMOV
1655-1657 S. 21st Ave
Hollywood, FL 33020

☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 lines empowered.

SIGNATURE:

Dimitre Efremov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TRIFON'S RESTAURANT, INC.
1655-1657 S. 21ST AVE
HOLLYWOOD, FLORIDA 33020
TELEPHONE: 954-929-0047

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 16, 2001

RE: UNIFORM BUSINESS REPORT
TRIFON'S RESTAURANT, INC.
DOCUMENT # P95000049747

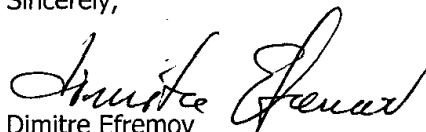
Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2001 for the above-mentioned corporation. We have been closed for several time periods, and have had some problems receiving our mail.

Enclosed please find a check in the amount of \$150.00 for the original fee with the signed report.

Thank you for your cooperation in this matter.

Sincerely,



Dimitre Efremov
President