## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500061820

1. Corporation Name

CAJUN & GRILL OF WILLOWBROOK, INC.

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90176 046 \*\*\*150.00



Principal Flace of Business 7925 FM 1960 WEST STE 1190	Mailing Address  1937 71ST STREET  MIAMI BEACH FL 33141		DO NOT WRITE IN T	HIS SPACE
HOUSTON TX 77070			3. Date incorporated or Qualifed	
			08/09/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26 4104 AUROR	A 11,	76-0480583	No: Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	*;	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	City & State	· /	0 51. # 0	
City & State	28 CORAL GAB	IR TI	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	ZIE 3/1/10	Country	8. This corporation owes the current year	r Intangible
24 25	29 (3) 146 30	usa_	Perso sat Property Tax.	☐ Yes ☐ No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent
VEHNO NO O		81 Name		
YEUNG, HOLS		82 Şireet A idr	ess P.O. Bo (Number is Not Acceptable)	
1957 71ST STREET WANT BEACHTEL 33141		83 4 04	HURORA SIY	
WANT DEACH FE 33141		(63)	·	
		84 Fity	1 (-110/2	FL 85 Zin Code
11. Pursuant to the provisions of Sections 607.050/	and 607 1509. Elorida Statutos	the above named cyrin	( Sinibol .	/
office or registered agent, or both, in the State of	if Florida. Such change was auth	norized by the corporation	n's board of lirectors. I hereby accept the a	ppointment as registered
agent. I am familiar with, and a xcept the obligat	ons of, Section 607.0505, Florida	a Statutes.		
SIGNATURE Stonature, typed or printed name of registered agen:	and title if applicable (NOTE: Re	egistered Agent signature require	d when reinstating) DAT	
12. OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TITLE	1104 AURORA S	Change Addition
NAME YEUNG, HOLS				
STREET ADDRESS -1957-71ST STREET		1.3 STREET ADDRESS	ORAL GABLES, FL3	3146
CITY-ST-ZIP MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		C Addition
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		Ì
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	E or er	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DELETE	4.1 TITLE		□ change □ Addition
NAME		4.2 NAME		
STREET ADDRE 3S		4.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE	( DELETC	5.1 IIILE 5.2 NAME		
NAME		5.3 STREET ADDRESS		
STREET ADDRE 3S		5.4 CITY-ST-ZIP		
CITY-ST-ZIP				Channa Addition
TITLE	1 1 DELETE	6.1 TITLE		( Change   LAddinon
	☐ DELETE	!		Change Addition
NAME STREET ADDRE'S	( DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change C Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07 3)(i), Florida Statutes. I further contify that the information indicated on this annual report or supplemental εinnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I εm 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 12 or Block 13 if changed or on an attachment with an address, with a lother like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR