

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000018774**

1. Entity Name

WORLD FAMOUS RESTAURANT, INC.

Principal Place of Business

Mailing Address

**415 NORTHWOOD RD
APT B
WEST PALM BEACH FL 33407
US**

**415 NORTHWOOD RD
APT B
WEST PALM BEACH FL 33407
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERMAN, YVONNE
415 NORTHWOOD RD
WEST PALM BEACH FL 33407**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PETERMAN, YVONNE	
STREET ADDRESS	415 NORTHWOOD RD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SMITH, JENETHA	
STREET ADDRESS	415 NORTHWOOD ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, JAUNICE	
STREET ADDRESS	712 S "C" ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WASHINGTON, DELORES	
STREET ADDRESS	3414 NORTH AUSTRIALIAN AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
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
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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 all other like empowered.

SIGNATURE:

Jenetha M. Smith
JENETHA SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 03, 2002
APR 03, 2002
Date
561-833-3377
Daytime Phone #

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90654 035 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0723839** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

0354024 AV

CR2E034 (9/01)