

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069025
1. Entity Name Continental Flambe Incorporated

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUL 17 PM 12:34

Principal Place of Business 936 E New Haven Ave
 Melbourne FL 32901
Mailing Address 936 E New Haven Ave
 Melbourne FL 32901

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3395840

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ahmad, Ratib
 936 E New Haven Ave
 Melbourne FL 32901

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 _____ (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

TITLE D ☐ Delete
NAME Ahmad, Ratib
STREET ADDRESS 936 E New Haven Ave
CITY-ST-ZIP Melbourne FL 32901

TITLE D ☐ Delete
NAME Rios, Valerie
STREET ADDRESS 936 E New Haven Ave
CITY-ST-ZIP Melbourne FL 32901

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS 500004494345-9
CITY-ST-ZIP -07/24/01--01100--001
 ****150.00 ****150.00

TITLE D ☐ Change ☐ Addition
NAME Brue1, Valerie
STREET ADDRESS 936 E New Haven Ave
CITY-ST-ZIP Melbourne FL 32901

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

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

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

TITLE ☐ Change ☐ 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:

Valerie Brue1

CR2E034 (11/00)

Attachment
Doc# P9160000 #9025

VALERIE BRUEL
CONTINENTAL FLAMBE, INC
1520 Bottlebrush Dr NE
Suite 2M
Palm Bay FL 32905

July 13, 2001

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Uniform Business Report
Late Filing

To Whom It May Concern:

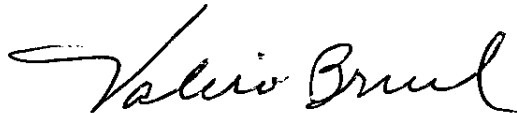
Please find enclosed a check #4228 in the amount of \$150.00 in payment of fees due.

I apologize for the late filing, but was distracted from my business responsibilities by a death in my immediate family.

I would appreciate your help in this matter.

Thank you.

Very truly yours,



Valerie Bruel