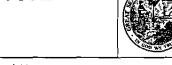
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P96000079532 **DOCUMENT #**

1. Entity Name

DOLLY'S CAFE, INC.



Principal Place of Business

326 E. 19 ST. HIALEAH FL 33010 Mailing Address 326 E. 19 ST.

HIALEAH FL 33010

2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State	_			

FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90320 040 ***150.00



2. Principal Place of Business 3. Mailing Add		3. Mailing Address	ddress		T (BENTADO NIO INDIA DINTO DONTO DONTO DONTO DONTO TRATA TRATA DELLA TRATA TRATA TRATA TRATA TRATA TRATA TRATA						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State C		City & State	City & State		4. FEI Number 65-43975	65	<u> </u>	plied For t Applicable			
Zip _	Country	Zip	Country	• • • •	5. Certificate of Status Desir	ed 🗀 🖚	\$8.75 Add Fee Require	litional d			
6. Name and Address of Current Registered Agent			T	7. Name and Address of New Registered Agent							
			1	Name							
VOSSEN, ELVA			<u> </u> -	Street Address (BO, Box Number in Not Acceptable)							
326 E. 19 ST.				Street Address (P.O. Box Number is Not Acceptable)							
HIALEAH I	FL 33010										
			-	City FL Zip Code							
8 The above	named entity submits this s	statement for the nurnose of chang	ing its registered o	office or register	ed agent, or both, in the State of		 amiliar with	and accept			
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. I am familiar with, and accept the obligations of registered agent.											
NATURE :	Signature, typed or printed name of re	egistered agent and title if applicable.	(NOTE: Registered Ag	ent signature required	when reinstating)	DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					9. Election Campaig Trust Fund Contrib	· · ·		0 May Be to Fees			
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.					10017101101010101010	OFFICERO AND	DIDECTOR	<u></u>			
10.	DP :		11.		ADDITIONS/CHANGES TO	OFFICERS AND					
TITLE NAME	VOSSEN, ELVA	☐ Delete	TITLE NAME	ļ			☐ Change	☐ Addition			
STREET ADDRESS	326 E. 19 ST.							į			
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-								
TITLE		Delete	TITLE				☐ Change	Addition			
NAME			NAME	}			_ ,				
STREET ADDRESS	,		STREET A	DDRESS				ł			
. CITY-ST-ZIP			CITY-ST-	ZIP	<u></u>						
THILE		☐ Delete	TITLE			- -	☐ Change	Addition			
NAME			NAME								
STREET ADDRESS	ļ		STREET AL					į			
CITY-ST-ZIP				ZIF				- Addition			
TITLE		☐ Delete	TITLE NAME				☐ Change	☐ Addition			
NAME STREET ADDRESS			STREET A	DORESS							
CITY-ST-ZIP			CITY-ST-	ZIP							
TITLE		☐ Delete	TITLE	1			☐ Change	☐ Addition			
NAME			NAME				_ •	_			
STREET ADDRESS			STREET AS	DDRESS							
CITY-ST-ZIP		<u>_</u> :.	CITY-ST-	ZiP							
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition			
NAME			NAME								
STREET ADDRESS	ļ		STREET AL	DDRESS							

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: