

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90072 021 \*\*\*150.00

**DOCUMENT # P98000017742**

1. Entity Name  
**DELICES DE FRANCE #2, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>14453 SO. DIXIE HIGHWAY<br/>         MIAMI FL 33176</b> | Mailing Address<br><b>14453 SO. DIXIE HIGHWAY<br/>         MIAMI FL 33176</b> |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

|                                 |                               |
|---------------------------------|-------------------------------|
| 4. FEI Number <b>65-0331188</b> | Applied For<br>Not Applicable |
|---------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAMMONS, FOY H  
 2701 SO. BAYSHORE DRIVE  
 SUITE 606  
 COCONUT GROVE FL 33133**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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                      | <b>D</b>                       | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | <b>BABOUN, PATRICK</b>         |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             | <b>14453 SO. DIXIE HIGHWAY</b> |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33176</b>          |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                                | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                                |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                                |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                                |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                                | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                                |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                                |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                                |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                                | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                                |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                                |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                                |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                                | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                                |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                                |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                                |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                                | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                                |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                                |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                                |                                 |  | 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)