2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000038673 FILED 00 JUN 16 PM 12: 12 HOBE RESTAURANT CORP. . . . SECRETARY OF STATE Principal Place of Business Mailing Address TALICAHASSEE, FLORIDA 7520 NW 5TH STREET 7520 NW 5TH STREET SUITE 101 SUITE 101 13239 PLANTATION FL 33317 **PLANTATION FL 33317-1613** 2. Principal Place of Business 3. Mailing Address 3921 SW 474h_AVENU 3921 SW 47th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE mtc #1021 WY #102 City & State Applied For City & State 4. FEI Number 59-3510595 WIG Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ろろ usFee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LONDON, SHELDON M Street Address (P.O. Box Number is Not Acceptable) 9301 SW 94TH PLACE MIAMI FL 33176 . City 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 trile if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 18. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. (66/6)☐ Addition TITLE Deleta TITLE NAME ST. JUSTE, ROBESPIERRE NAME 2921 5W 474h AVENUE SWIK #1021 CR2E034 STREET ADDRESS STREET ADDRESS 7520 NW 5TH STREET STE 101 Davic, FC 33314 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change ☐ Addition ☐ Delete TITLE HILL NAME STREET ADDRESS STATE AUDRESS CITY-ST-ZIP T ST-ZIP ☐ Change Addition Delete TITLE IIILE NAME STREET ADDRESS ; 6:442533 CITY-ST-ZIP ☐ Change Addition ☐ Oelete TITLE NAME STREET ADDRESS 1009E33 CITY-ST-ZIP ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME ALKADEGG STREET ADDRESS CITY-ST-ZIP ST-21P ☐ Change Addition TITLE Delete NAME · Africial cal STREET ADDRESS \$1-29 CITY-ST-ZIP • I hereby certify that the information supplied with the Silling 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 trueten employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the amount of the corporation of the receiver or trueten employeered. of the corporation of the receiver or trusted changed, or on an attachment with an add with all other like empowered INTED NAME OF SIGNING OFFICE OR DIRECTOR



June 14, 2000

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RE: HOBE RESTAURANT CORP. - P98000038676

Dear Sir or Madam:

In reference to your letter dated May 22nd (copy attached), please be advised that I have already paid the \$150 fee to file this report. The payment was included in my check from St. Juste Management Corp. I have attached a copy of the check for verification. As you can see the total amount of the check is \$300.00; \$150.00 was for Hobe Restaurants Corp. and the remaining \$150.00 balance was for St. Juste Management Corp.

Please adjust your records accordingly.

If you should have any questions, please call me at (954) 797-9112.

Thank you.

Sincerely,

Theresa St. Juste

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ST. JUSTE MANAGEMENT CORP.