

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90180 027 \*\*\*150.00

**DOCUMENT # P98000046433**

1. Entity Name  
**DENISE'S CAFE, INC.**

Principal Place of Business  
**7224 MANATEE AVENUE WEST  
 BRADENTON FL 34209**

Mailing Address  
**7224 MANATEE AVENUE WEST  
 BRADENTON FL 34209**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0853624**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKMAN, JAMES D ESQ  
 4608 26TH STREET W.  
 BRADENTON FL 34207**

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

*Denise Badalamenti*

**1-23-01**

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-1-2001 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>P</b>	<input type="checkbox"/> Delete
NAME	<b>BADALAMENTI, DENISE</b>	
STREET ADDRESS	<b>7224 MANATEE AVENUE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>BADALAMENTI, MICHAEL</b>	
STREET ADDRESS	<b>7224 MANATEE AVENUE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Denise Badalamenti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-01 (94)748-6373**

Date

Daytime Phone #

CR2E034 (10/00)