

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000097802****1. Entity Name**

THE SCIENCE FICTION CAFE FORT LAUDERDALE, INC.

Principal Place of Business

1830 WEST BROWARD BLVD.

FORT LAUDERDALE
33312

FL

Mailing Address

1830 WEST BROWARD BLVD.

FORT LAUDERDALE
33312

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****65-0914619****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZIFRONY MATTHEW ESQ.

TRIPP SCOTT

110 SE SIXTH STREET, 15TH FLOOR

FORT LAUDERDALE

FL

33301

US

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/16/2000

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, 2000 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	VSTD	<input type="checkbox"/> Delete
NAME	JACKSON GLENN	
STREET ADDRESS	1830 WEST BROWARD BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	PD	<input type="checkbox"/> Delete
NAME	TALARICO RAYMOND	
STREET ADDRESS	1830 WEST BROWARD BOULEVARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:** Raymond J. Talarico

R 02/16/2000