

FILED  
Mar 03, 2003 8:00 am  
Secretary of State

03-03-2003 90458 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000000877

1. Entity Name

CAFE CALIFORNIA OF CITRUS PARK, INC.



Principal Place of Business

8007 CITRUS PARK TOWN CIRCLE  
TAMPA FL 33625

Mailing Address

2216 CLIMBING IVY DRIVE  
TAMPA FL 33618

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

13310 N 56th Street  
Suite, Apt. #, etc.

City & State

City & State

Temple Terrace, FL

Zip

Country

Zip

Country

33617 Hillsborough

4. FEI Number

59-3550871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PHAM-DIEP, MICHAEL

8007 CITRUS PARK TOWN CIRCLE  
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name

Pham-Diep Michael

Street Address (P.O. Box Number is Not Acceptable)

8007 Citrus Park Town Circle

City

Tampa

FL

Zip Code

33625

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PHAM-DIEP, MICHEL  
STREET ADDRESS 4109 HIGHLAND PARK CIRCLE  
CITY-ST-ZIP LUTZ FL 33558 ☐ Delete

TITLE VD  
NAME KIM, WON  
STREET ADDRESS 1731 GLEN LAKE BLVD  
CITY-ST-ZIP ST PETERSBURG FL 33702 ☐ Delete

TITLE VD  
NAME PHAM-DIEP, TRUNG QUAN  
STREET ADDRESS 8740 LAKE CHASE ISLAND WAY  
CITY-ST-ZIP TAMPA FL 33626 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-03 813-926-2168

CR2E034 (10/02)