

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90005 017 \*\*\*150.00

**DOCUMENT # P99000010461**



1. Entity Name  
**ADOLPHE TAKE OUT RESTAURANT, INC.**

Principal Place of Business      Mailing Address  
 43B NE 54TH ST.                      43B NE 54TH ST.  
 MIAMI FL 33138                        MIAMI FL 33138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State

4. FEI Number      Applied For  
**65-0890275**       Not Applicable

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**

**UNION ENTERPRISES, INC.**  
**790 NE 155TH ST.**  
**MIAMI FL 33162**

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 \_\_\_\_\_ 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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       Delete  
 NAME      **PD**  
 STREET ADDRESS      **ADRAS, ADOLPHE**  
 CITY-ST-ZIP      **271 NE 54TH ST.**  
                                  **MIAMI FL 33138**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME      **VD**  
 STREET ADDRESS      **ST. FLEUR, GINETTE**  
 CITY-ST-ZIP      **271 NE 54TH ST.**  
                                  **MIAMI FL 33138**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
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 CITY-ST-ZIP

TITLE       Change       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: X SIGNATURE REQUIRED ADOLPHE ADRAS 02/31/2000 (305) 757-1561**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)

Attachment # P99000010461  
DL07837

Date: 07/31/2000  
To: Department of State  
From: Adolphe Adras  
Adolphe Take out Restaurant  
Attn: Katherine Harris

Dear Mme,

As per our conversation, I am writing this memo to inform you that I did not received the first notice you probably sent it to the wrong address.

My mailing address is: 271 NE 54<sup>th</sup> Street Miami, Florida 33137

Enclosed is a check for \$150.00 for this year report.

Sincerely with Respect  
Adolphe Adras