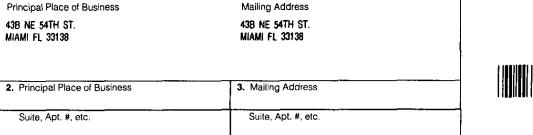
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900010461 1. Entity Name ADOLPHE TAKE OUT RESTAURANT, INC.



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

08-10-2000 90005 017 ***150.00





DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For L5-089*02.*75 Not Applicable Zip Country ⊸Zip ___ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNION ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 790 NE 155TH ST. **MIAMI FL 33162** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 1.115 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete T/T) F Change ADRAS, ADOLPHE NAME NAME STREET ADDRESS STREET ADDRESS 271 NE 54TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 Delete ☐ Addition TITLE ☐ Change TITLE ST. FLEUR, GINETTE NAME AMAGE STREET ADDRESS 271 NE 54TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33138** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 REQUIRED ADOLPHE ADRAS 02/31/2000 (305)

Attachment#19900010461

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 54th Street Miami, Florida 33137

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

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