

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000013521**

1. Entity Name

CAFE' CLASSIQUE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-03-2000 90250 001 ***150.00

Principal Place of Business

Mailing Address

41 N FT HARRISON AVE
CLEARWATER FL 3375541 N FT HARRISON AVE
CLEARWATER FL 33755-4016

2. Principal Place of Business

3. Mailing Address

2322 Tallyho Lane
Suite, Apt. #, etc.2322 Tallyho Lane
Suite, Apt. #, etc.

City & State

City & State

PALM HARBOR FL

SAME

Zip

Country

Zip

Country

34683

PIN.

4. FEI Number

59-4338382

Applied For

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

Name

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

PALM HARBOR

FL

Zip Code 34683

BONNER, HEIKO
41 N FT HARRISON AVE
CLEARWATER FL 33755

HEIKE SCHEEL

2322 TALLYHO LN.

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)

DATE

HEIKO BONNER

1/27/2000

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PRESIDENT	HEIKE SCHEEL		
STREET ADDRESS	2322 TALLYHO LN.		
CITY-ST-ZIP	PALM HARBOR, FL. 34683		

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:

HEIKE SCHEEL

02-29-00

7777879434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)