

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019118

1. Entity Name

KALFA US, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90068 005 ***150.00

Principal Place of Business

Mailing Address

933 LEE ROAD #402
ORLANDO FL 32810

933 LEE ROAD #402
ORLANDO FL 32810-5537

2. Principal Place of Business

3. Mailing Address

40 FLAVERS HAMBURGERS

3201 E. COLONIAL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F 5

City & State

ORLANDO

City & State

Zip

32803-5167

Country

USA

Zip

Country

4. FEI Number

59-3569540

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

HENIN, JEROME L
933 LEE ROAD #402
ORLANDO FL 32810

Name

MARC KALFA

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

FLAVERS HAMBURGER

3201 E COLONIAL DRIVE

Suite F 5

City

ORLANDO

FL

Zip Code

32803-5167

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 6/1/2000

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 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 D
NAME KALFA, MARC
STREET ADDRESS 17 BD BOURDON 75004 PARIS
CITY-ST-ZIP FRANCE

☐ Delete

TITLE KALFA MARC
NAME 1620 BUMBY AV
STREET ADDRESS ORLANDO FL 32803
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME KALFA, LYDIA
STREET ADDRESS 17 BD BOURDON 75004 PARIS
CITY-ST-ZIP FRANCE

☐ Delete

TITLE KALFA LYDIA
NAME 1620 BUMBY AV
STREET ADDRESS ORLANDO FL 32803
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2000

Date

Daytime Phone #

4078384094

CR2E034 (9/99)