

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048526

1. Entity Name

BISTRO BLACK LAGOON, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90059 040 ***158.75

Principal Place of Business

1140 LEE BLVD. SUITE 101-103
LEHIGH ACRES FL 33970-1361

Mailing Address

1140 LEE BLVD. SUITE 101-103
LEHIGH ACRES FL 33936-4800

00004011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1305 Homestead Rd.

3. Mailing Address

1305 Homestead Rd.

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

SUITE F

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33936

Country

USA

Zip

33936

Country

USA

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

PFUNER, HEINZ S
1140 LEE BLVD, SUITE 101-103
LEHIGH ACRES FL 33970-1361

Name

THEODOR W. GAMMEL

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

912 JEFFERSON AVE.

LEHIGH ACRES,

33972

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-01-00

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 ☒ Delete
NAME PFUNER, HEINZ S
STREET ADDRESS 1140 LEE BLVD, SUITE 101-103
CITY-ST-ZIP LEHIGH ACRES FL 33970-1361

TITLE DIRECTOR ☒ Change ☐ Addition
NAME BIBER, RUDOLF
STREET ADDRESS 1305 HOMESTEAD ROAD
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-01-00

CR2E034 (9/99)