

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055252

1. Entity Name

SONOMA CAFE & BISTRO, INC.

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90157 036 ***150.00

Principal Place of Business

ATLANTIC AVE
DELRAY BEACH FL 33445

Mailing Address

9298 KETAY CIRCLE
BOCA RATON FL 33428

2. Principal Place of Business

ATLANTIC AVE.

3. Mailing Address

9298 KETAY CIRCLE

Suite, Apt. #, etc.

C19

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL.

City & State

BOCA RATON FL

4. FEI Number

65-0928373

Applied For

Not Applicable

Zip

33445

Country

U.S.A.

Zip

33428

Country

U.S.A.

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

HEJDA, MILAN
9298 KETAY CIRCLE
BOCA RATON FL 33428

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

[Signature]

1-15-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS HEJDA, MILAN
CITY-ST-ZIP 9298 KETAY CIRCLE
BOCA RATON FL 33428

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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] MILAN HEJDA

1-15-01

293-858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)