## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 16, 2000 08:00 AM DOCUMENT # **P99000079295 Secretary of State** THE SCIENCE FICITION CAFE LAS AMERICAS, INC. Principal Place of Business Mailing Address 1830 WEST BROWARD BLVD. 1830 WEST BROWARD BLVD. FORT LAUDERDALE FORT LAUDERDALE FL FL 33312 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2505219 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIFRONY 110 S.E. 6TH STREET, 15TH FLOOR Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE 33301 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. 02/16/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TILE DVST ☐ Detete ☐ Change X Addition NAME JACKSON GLENN STREET ADDRESS STREET ADDRESS 1830 WEST BROWARD BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE 33312 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME TALARICO RAYMOND STREET ADDRESS STREET ACCRESS 1830 WEST BROWARD BLVD. CITY-ST-ZIF CITY-ST-ZIP FORT LAUDERDALE FT. 33312 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED