

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-03-2001 90984 007 ***150.00

DOCUMENT # P99000106740

1. Entity Name

CAFE MILLENNIUM, INC.

Principal Place of Business

Mailing Address

3492 TAMiami TRAIL
 PORT CHARLOTTE FL 33952

23337 HARBORVIEW ROAD
 CHARLOTTE HARBOR FL 22980

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3612829**

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

ORTEGA, BAYARDO
23337 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 22980

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, 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

TITLE	D President D	<input type="checkbox"/> Delete
NAME	ORTEGA, BAYARDO	
STREET ADDRESS	23337 HARBORVIEW ROAD	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 22980	
TITLE	(Treasurer)	<input type="checkbox"/> Delete
NAME	Myriam Ortega	
STREET ADDRESS	23337 Harborview Rd	
CITY-ST-ZIP	Charlotte Harbor FL 33980	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	Josa Calderon	
STREET ADDRESS	23337 Harborview Rd	
CITY-ST-ZIP	Charlotte Harbor FL 33980	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	Maria Romero	
STREET ADDRESS	23337 Harborview Rd	
CITY-ST-ZIP	Charlotte Harbor FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice Pres.)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KESAR NAVARRO	
STREET ADDRESS	23337 Harborview Rd	
CITY-ST-ZIP	Charlotte Harbor FL 33980	
TITLE	(Secretary)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAIME DEREYRA	
STREET ADDRESS	23337 Harborview Rd	
CITY-ST-ZIP	Charlotte Harbor FL 33980	
TITLE	ASSISTEN (VICE PRES)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN KULESA	
STREET ADDRESS	23337 Harborview Rd	
CITY-ST-ZIP	Charlotte Harbor FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/27/01-

4/27/01

(941) 625-5272

Date Daytime Phone #

CR2E034 (10/00)

Document # P99000106740

7585

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the
Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application—refer to the instruction sheet for more details.

WCP 104068600

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	
Received Date:	

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

☐ Sole Proprietor ☐ Partner ☐ Corporate Officer (your corp. title: _____) -OR-

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

☐ Corporate Officer (your corp. title: Assistant (Vicepres))

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): P99000106740

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION
AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>CAFE MILLENNIUM INC.</u>		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: <u>3492 Tamiami Trail</u>		City: <u>St. Charlotte</u>	State: <u>FL</u>
County: <u>Charlotte</u>	Phone No.: <u>(941) 235-1490</u>	Nature of Business: <u>Restaurant</u>	Zip: <u>33952</u>
FEIN: <u>59-3612829</u>			
Unemployment Compensation Tax No:	Date Business Established: <u>1/1/2000</u>	No. of Employees: <u>0</u>	
Are you required to be registered or certified pursuant to Chapter 489, F. S.? <input type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes _____			
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? <input type="checkbox"/> No <input type="checkbox"/> Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE			
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? <input type="checkbox"/> NO <input type="checkbox"/> YES list the name of all other businesses in which you are employed: _____			
Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the IRS, an annual Federal Income Tax Return? <input type="checkbox"/> No <input type="checkbox"/> Yes, You must attach tax records. See instruction sheet for details.			

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

KAREN E. KULESA

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

SOCIAL SECURITY NO. 142, 40, 6813

mo. day yr. 4, 12, 47

DATE OF BIRTH

APPLICANT'S SIGNATURE

DATE SIGNED 4, 24, 01

NOTARY STATE OF FLORIDA, COUNTY OF Charlotte

Sworn to and subscribed before me this 24th day of April, 2001, by Karen E. Kulesa

Personally Known ☒ OR Produced Identification ☐ Type of Identification Produced _____

NOTARY SIGNATURE Myriam A. Ortega

My Commission Expires _____

LES FORM BCM-250 Revised February 2000

(SEE REVERSE FOR ADDITIONAL INFORMATION)



Document # 999000106740
NOTICE OF ELECTION TO BE EXEMPT

7585

Please refer to the written instructions prepared by the
Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application—refer to the instruction sheet for more details.

WCP 104686 00

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	
Received Date:	

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

☒ Sole Proprietor ☐ Partner ☐ Corporate Officer (your corp. title: _____) -OR-

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

☒ Corporate Officer (your corp. title: Secretary)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): 999000106740

**THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION
AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION**

Business Name: <u>CAFE MILLENNIUM INC.</u>		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: <u>3492 Tamiami Trail</u>		City: <u>Charlotte</u>	State: <u>FL</u>
County: <u>Charlotte</u>	Phone No.: <u>(940) 235-1490</u>	Nature of Business: <u>Restaurant</u>	Zip: <u>33952</u>
FEIN: <u>59-3612829</u>			
Unemployment Compensation Tax No:	Date Business Established: <u>11/12/2000</u>	No. of Employees: <u>0</u>	
Are you required to be registered or certified pursuant to Chapter 489, F. S.? <input type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes			
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? <input type="checkbox"/> No <input type="checkbox"/> Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE			
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? <input type="checkbox"/> NO <input type="checkbox"/> YES list the name of all other businesses in which you are employed: _____			
Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the IRS, an annual Federal Income Tax Return? <input type="checkbox"/> No <input type="checkbox"/> Yes, You must attach tax records. See instruction sheet for details.			

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

JAIME PEREYRA

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

096, 44, 4463

SOCIAL SECURITY NO.

11, 12, 42

mo. day yr.
DATE OF BIRTH

Jaime Pereyra

APPLICANT'S SIGNATURE

4, 24, 2001

DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Charlotte

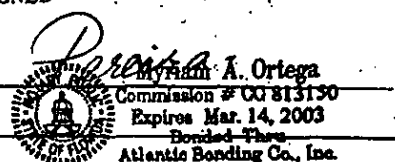
Sworn to and subscribed before me this 24th day of April, 2001, by Jaime Pereyra

Personally Known ☒ OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE Myra A. Ortega

My Commission Expires _____

LES FORM BCM-250 Revised February 2000



(SEE REVERSE FOR ADDITIONAL INFORMATION)

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application—refer to the instruction sheet for more details.

WCP 1040686 00

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I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

☐ Sole Proprietor ☐ Partner ☐ Corporate Officer (your corp. title: _____) -OR-

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

☒ Corporate Officer (your corp. title: Sec Vice Pres)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): P99000106740

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>CAFE WILLENNIUM INC.</u>		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: <u>3492 Tamiami Trail</u>		City: <u>Pt. Charlotte</u>	State: <u>FL</u>
County: <u>Charlotte</u>	Phone No.: <u>(941) 235 1490</u>	Nature of Business: <u>Restaurant</u>	Zip: <u>33952</u>
		FEIN: <u>59-3612829</u>	
Unemployment Compensation Tax No:	Date Business Established: <u>1/1/2000</u>	No. of Employees: <u>0</u>	
Are you required to be registered or certified pursuant to Chapter 489, F. S.? <input type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes _____			
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? <input type="checkbox"/> No <input type="checkbox"/> Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE			
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? <input type="checkbox"/> NO <input type="checkbox"/> YES list the name of all other businesses in which you are employed: _____			
Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the IRS, an annual Federal Income Tax Return? <input type="checkbox"/> No <input type="checkbox"/> Yes: You must attach tax records. See instruction sheet for details.			

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

CEsar NAVARRU

TYPE PRINT NAME OF PERSON APPLYING FOR EXEMPTION

SOCIAL SECURITY NO. 134,38,8123

mo. day yr. 12 49

DATE OF BIRTH

APPLICANT'S SIGNATURE

DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Charlotte

Sworn to and subscribed before me this 24th day of April, 2001, by Cesar Navarro

Personally Known ☒ OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE Myriam A. Ortega My Commission Expires _____

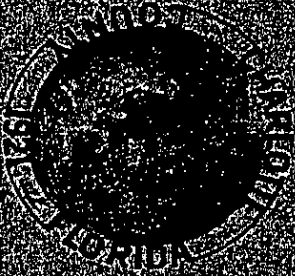
LES FORM BCM-250 Revised February 2000

(SEE REVERSE FOR ADDITIONAL INFORMATION)



Document # 9440001674

COUNTY OF CHARLOTTE, STATE OF FLORIDA



OCCUPATIONAL LICENSE TAX
2000-2001

CAROL M. HARRINGTON
3422 WINDYBROOK DR
NORFOLK, VA 22070

CAROL M. HARRINGTON
3422 WINDYBROOK DR
NORFOLK, VA 22070

We hereby issued a Charlotte County Occupational License, valid through September 30 of license year for the occupation of Carol M. Harrington, 3422 Windybrook Dr, Norfolk, VA, 22070, for license number 0023565. This license is for the occupation of County Community Development Department, P.O. Box 880216, Norfolk, VA 23508-0216.

The holder of this license or occupation is under license to do any other work or to violate any law or ordinance or regulation of this state, county or any municipality.

License must be exhibited conspicuously at your place of business.