

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
 03-01-2001 90047 046 \*\*\*150.00

**DOCUMENT # P99000108417**

1. Entity Name  
**JUNO BEACH BISTRO, INC.**

Principal Place of Business

Mailing Address

**841 DONALD ROSS RD  
 JUNO BEACH FL 33408**

**841 DONALD ROSS RD  
 JUNO BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

**841 DONALD ROSS ROAD**  
 Suite, Apt. #, etc.

**841 DONALD ROSS ROAD**  
 Suite, Apt. #, etc.

City & State

City & State

**JUNO BEACH FL**

**JUNO BEACH - FL**

Zip **33408** Country **USA**

Zip **33408** Country **U-S-A**

4. FEI Number **65-0630012**

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

**MEROLA, JAMES R  
 11380 PROSPERITY FARMS RD, SUITE #204  
 PALM BEACH GARDENS FL 33410**

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 **JEAN-FRANCOIS COURREGES (PRESIDENT)** DATE **1/9/2001**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COURREGES, JEAN F</b>	
STREET ADDRESS	<b>841 DONALD ROSS RD</b>	
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
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: **JEAN-FRANCOIS COURREGES** DATE **1/9/2001** DAYTIME PHONE # **6278000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)