FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90047 020 ***150.00

DOCUMENT # S13784

1. Entity Name
Saffron's Inc

DO NOT WRITE IN THIS SPACE

90133482

2. Principal Place of Business	3. Mailing Address
Edyth James	Edyth James
Suite, Apt. #, etc. ST Petersburg, FL	Suite, Apt. #, etc. 1700 Park ST N
City & State 1700 Park St N	City & State ST Petersburg, FL
Zip 33710 Country	Zip 33710 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3034230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name EDYTH JAMES

Street Address (P.O. Box Number is Not Acceptable)
1700 Park ST N.

ST Petersburg, FL 33710

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P James, Edyth 6501 34 Terr N. St Petersburg, FL 33710	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Henry, Leonard	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

12. 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 10 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 #

Attachment
901334482
S13784

SAFFRON'S
CARIBBEAN CUISINE
AT HISTORIC
JUNGLE PRADA

1700 Park Street North
St. Petersburg, Florida 33710

(727) 345-6400
FAX (727) 384-5612

Website:
saffronsculsine.com

Email:
edyth@saffronscuisine.com

May 5, 2003

Florida Department of State
Division of Corporations
P.O Box 6327
Tallahassee, Fl 32314

I would like to let you know that we never received the 2003 Uniform Business Report form. On this time I am sending the check for $150.00.

Thank you for you attention to this matter.

Sincerely,

Edyth James
Owner