7/19

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13967

FILED
Aug 17, 2000 8:00 am
Secretary of State
07-19-2000 90018 014 ***158.75

1. Entity Name
KANE'S GOURMET DELI, INC.

Principal Place of Business	Mailing Address
8032 W. MCNAB ROAD N. LAUDERDALE FL 33068 US	8032 W. MCNAB ROAD N. LAUDERDALE FL 33068 US

DO NOT WRITE IN THIS SPACE

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 65-0312141 ☐ 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
KANE, MICHAEL J 140 TORCHWOOD AVENUE PLANTATION FL 33324	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 Michael Kane 7-11-00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D KANE, MARSHA B. 140 TORCHWOOD AVENUE PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESDENT MICHAEL J KANE 140 TORCHWOOD AVE PLANTATION, FLA 33324	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KANE, JEFFREY 720 COCO PLUM CT #7 PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY MARSHA B KANE 140 TORCHWOOD AVE PLANTATION	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED M Kane 7-11-00 954 720-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

V13961 D7540

Aug 2, 2000

To Whom It may,

I just spoke to your office and they told me send back the letter plus a copy of business report and they would be satisfy with that. That wasn't

I appreciate you taking in Consideration that I never received the 1st report & reinstate the corporation If you have any ~~th~~ further question My phone number 9547200003 or FAX 954 370 8474

Thanks You Again

Marsha B Kane

P.S I never received the first report when I received papers I take care of them

Thank You