**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 15, 2002 8:00 am Secretary of State **DOCUMENT #** K10581 1. Entity Name 94-15-2002 90013 034 \*\*\*150.00 ROTISSERIES OF AMERICA, INC. Principal Place of Business Mailing Address 151 E COMMERCIAL BLVD 21798 CARTAGENA DR OAKLAND PARK FL 33334 **BOCA RATON FL 33428** 3. Mailing Address 2. Principal Place of Business 21692 CROMWELL CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0020025 BOGA 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 AUBERT C-CHUNG CHUNG, ALBERT C. Street Address (P.O. Box Number is Not Acceptable) 21692 CROMIVELL CIRCLE 21798 CARTAGENA **BOCA RATON FL 33428** 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, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Delete TITLE ☐ Addition CR2E034 (9/01) CHUNG, ALBERT CHARLES NAME NAME 21692 CROMWELL CIRCLE 21798 CARTAGENA DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete TITI F TITLE ☐ Addition CHUNG, JOAN ELIZABETH NAME 21798 CARTAGENA DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME \_\_=\_\_\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP 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.