FILED
Jun 23, 2003 8:00 am
Secretary of State

06-09-2003 90123 015 ***400.00
06-23-2003 90054 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10581

1. Entity Name
ROTISSERIES OF AMERICA, INC.

Principal Place of Business	Mailing Address
151 E COMMERCIAL BLVD	21692 CROMWELL CIRCLE
OAKLAND PARK FL 33334	BOCA RATON FL 33486
US	US

[redacted]

2. Principal Place of Business	3. Mailing Address
1084 SW 15T WAY	
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State DEERFIELD BEACH, FL	City & State
Zip 33441 Country BROWARD	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0020025 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHUNG, ALBERT C.
21692 CROMWELL CIRCLE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHUNG, ALBERT CHARLES		NAME	
STREET ADDRESS	21692 CROMWELL CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHUNG, JOAN ELIZABETH		NAME	
STREET ADDRESS	21692 CROMWELL CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 06/06/03 (954) 596-5240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #