

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003306

1. Entity Name

GOD'S KITCHEN, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90154 020 ****61.25

Principal Place of Business

204 NE 13TH AVE
BOYNTON BEACH FL 33435
US

Mailing Address

204 NE 13TH AVE
BOYNTON BEACH FL 33435-3127
US

2. Principal Place of Business

204 NE 13th Ave
Suite, Apt. #, etc.

3. Mailing Address

204 NE 13th Ave
Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

City & State

Boynton Beach, Florida

4. FEI Number

65-0693526

Applied For

Not Applicable

Zip

33435

Country

USA

Zip

33435

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASS, MICHAEL R
600 S ANDREWS AVENUE, 6TH FLOOR
FORT LAUDERDALE FL 33301

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEAL, EDDIE
STREET ADDRESS 1601 NW 3RD ST
CITY-ST-ZIP BOYNTON BCH FL 33435 ☐ Delete

TITLE VD
NAME SEIBERT, NINA
STREET ADDRESS 201 W PALMETTO PK RD
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE TD
NAME WEAL, MINNIE
STREET ADDRESS 1601 NW 3RD STREET
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE D
NAME MALLING, G
STREET ADDRESS 11731 ISLAND LAKES CAVE
CITY-ST-ZIP BOCARA RATON FL 33498 ☐ Delete

TITLE S
NAME GAYLE, NIETHA
STREET ADDRESS 3128 E PALM DR
CITY-ST-ZIP BOYNTON BCH FL 33435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)