

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**  
09-02-2003 90195 014 \*\*\*150.00

DOCUMENT # **P00000110534**

1. Entity Name  
**THREE R KITCHEN CORP.**



Principal Place of Business  
**1815 W. OKEECHOBEE RD.  
HIALEAH FL 33010**

Mailing Address  
**1815 W. OKEECHOBEE RD.  
HIALEAH FL 33010**

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 **65-1062153**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, RAQUEL  
1815 W. OKEECHOBEE RD.  
HIALEAH FL 33010**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LOPEZ, RAQUEL 1815 W. OKEECHOBEE RD. HIALEAH FL 33010</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/03 305-805-7520  
Date Daytime Phone #

CPRE034 (4/03)

Attachment

44005891

  
P00000110534

Three R Kitchen, Corp.  
1815 W. Okeechobee Rd.  
Hialeah, FL 33010

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August 27, 2003

Uniform Business Report  
Division Of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref: Document # P00000110534

To Whom It May Concern:

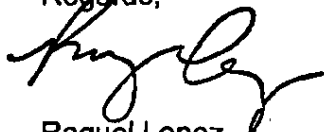
This letter is to inform that our UBR was previously sent to your office in April 2003 with check # 1473 in the amount of \$150.00.

As to date our payment has not cleared our bank which leads us to believe that our file is probably lost in the mail somewhere.

I am sending you a copy of the original UBR sent in April with a copy of the check that was sent. I am also resubmitting to you the new UBR with a new check for the original payment amount of \$150.00.

~~Should you have any questions or concerns please feel free to contact me @~~  
305-805-7520.

Regards,



Raquel Lopez  
President  
Three R. Kitchen, Corp.