2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

634762 **DOCUMENT #**

1. Entity Name

SWISS CHALET FINE FOODS WEST, INC.



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90206 047 ***150.00

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Sure April #, otc Subserver	Principal Place of 9455 NW 40 STR		Mailing Address 9455 NW 40 STREET ROAD MIAMI FL 33178			
City & State City & State City & State Country Country Country Country Country S. Certificate of Status Desired Set Specialists	2. Principal Pla	ce of Business	3. Mailing Address			1911 81811 81811 91811 11811
City & State Country Zip Country S. Certificate of Status Desired \$8.75 Additional \$8.8.75 Additional	Suite, Apt. #	etc.	Suite, Apt. #, etc.		<u></u>	
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RUFFNER, CHARLES L SUITE 507 COURVOISIER CENTRE II 601 BRICKELL KEY DR MAMI FL 33131 8. The above named entity submits this sistament for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE SURVEY FL ZID Code City FL ZID Code City FL ZID Code Trust Roman and entity submits this sistament for the purpose of changing its registered defice or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE SURVEY FL STATE STATE STATE STATE STATE AGENCY STATE AGE		6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered	Agent
SUITE 507 COURVOISIER CENTRE II 601 BRICKELL KEY VR MAME FL 33131 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 I				Name		
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		portify that the information symplical	with this filing does not qualif	v 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: