

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000152

1. Entity Name

ROTPUNKT KITCHEN LP

Principal Place of Business

1230 PEACHTREE STREET, N.E., STE. 3100  
ATLANTA GA 30309

Mailing Address

8871 BRIGHTON LANE  
BONITA SPRINGS FL 34135-7524

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8871 Brighton Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

4. FEI Number

58-2455582

Applied For

Not Applicable

Zip

Country

34134

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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

9. Capital Contributions  
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

5,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F99000001957  
NAME ROTPUNKT KITCHEN MANAGEMENT, INC.  
STREET ADDRESS 1230 PEACHTREE STREET, N.E., STE. 3100  
CITY - ST - ZIP ATLANTA GA 30309

DOCUMENT #  
NAME  
STREET ADDRESS  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

8871 Brighton Lane

CITY - ST - ZIP

Bonita Springs, FL 34134

STREET ADDRESS

CITY - ST - ZIP

500003243735--7

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)