

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90280 026 ***150.00

DOCUMENT # F94000000387

1. Entity Name
CHI-CHI'S, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O PRANDIUM INC
2701 ALTON AVE
IRVINE CA 92606
US

Mailing Address
C/O PRANDIUM INC
2701 ALTON AVE
IRVINE CA 92606
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-0901437**
 Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALAOGA, MICHAEL E 18831 VON KARMAN AVE IRVINE CA 92612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOYLE, TODD E. 18831 VON KARMAN AVE. IRVINE CA 92612 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV KATAPSKI, LAURIE 10200 LINN STATION ROAD LOUISVILLE KY 40223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RELYEA, KEVIN S. 18831 VON KARMAN AVE. IRVINE CA 92612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TREBING, ROBERT T JR 18831 VON KARMAN AVE. IRVINE CA 92612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV GONDA, ROBERT D 18831 VON KARMAN AVE. IRVINE CA 92612 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2701 Alton Parkway Irvine, CA 92606-5149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael A. Rule 2701 Alton Parkway Irvine, CA 92606-5149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2701 Alton Parkway Irvine, CA 92606-5149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2701 Alton Parkway Irvine, CA 92606-5149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2701 Alton Parkway Irvine, CA 92606-5149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lisa C. Manuel 2701 Alton Parkway Irvine, CA 92606-5149

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X **SIGNATURE REQUIRED** Robert T. Trebing, Jr. **X** 4/16/02 949/863-8500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)