

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

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90467 031 ***150.00

DOCUMENT # F94000000387

1. Entity Name

CHI-CHI'S, INC.



DO NOT WRITE IN THIS SPACE

24074168

2. Principal Place of Business

3. Mailing Address

C/O PRANDIUM, INC., TAX DEPT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2701 ALTON PARKWAY

City & State

City & State
IRVINE, CA

4. FEI Number

41-0901437

Applied For

Not Applicable

Zip

Country

Zip

92606-5149

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City PLANTATION

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P/T
ANTHONY G. BARIL
2701 ALTON PARKWAY, IRVINE, CA 92606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
LISA C. MANUEL
2701 ALTON PARKWAY, IRVINE, CA 92606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
STANLEY D. HARVEY
2701 ALTON PARKWAY, IRVINE, CA 92606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KATHLEEN D. SORENSEN
2701 ALTON PARKWAY, IRVINE, CA 92606

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 (949) 863-6859

Date

Daytime Phone #

CR260345 (12/03)