

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7002

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90308 006 ***150.00

0657663 AT

DOCUMENT # F94000000387

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



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

11020257



2. Principal Place of Business

3. Mailing Address
c/o Prandium, Inc., Tax Dept.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2701 Alton Pkwy.,

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	VD MALAOGA, MICHAEL E 2701 ALTON PARKWAY IRVINE CA 92606-5149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RULE, MICHAEL A 2701 ALTON PARKWAY IRVINE CA 92606-5149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV KATAPSKI, LAURIE 2701 ALTON PARKWAY IRVINE CA 92606-5149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RELYEA, KEVIN S. 2701 ALTON PARKWAY IRVINE CA 92606-5149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV TREBING, ROBERT T JR 2701 ALTON PARKWAY IRVINE CA 92606-5149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANUEL, LISA C 2701 ALTON PARKWAY IRVINE CA 92606-5149	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stanley D. Harvey 2701 Alton Pkwy. Irvine, CA 92606-5149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kathleen D. Sorensen 2701 Alton Pkwy. Irvine, CA 92606-5149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: X **SIGNATURE REQUIRED** **Robert T. Trebing, Jr. X 4/21/03** **949-863-8500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)