

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90062 036 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # G44726

1. Entity Name
CUISINE DES CHEFS, INC.

Principal Place of Business Mailing Address

2441 ORLANDO CENTRAL PKWY **% CHEFS DE FRANCE**
P.O. BOX 22801 **P.O. BOX 22801**
ORLANDO FL 32809 **LAKE BUENA VISTA FL 32830-9801**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



000014

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

WILSON, SAMUEL 1830 AVENUE OF THE STARS % CHEFS DE FRANCE OF ORLANDO, INC LAKE BUENA VISTA FL 32830	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	FL	

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 _____ (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 **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	LENOTRE, GASTON	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	LE PRE CATELIN	STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE 00000	CITY-ST-ZIP	
VD	BOCUSE, PAUL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	PAUL BOCUSE CONSELL	STREET ADDRESS	
CITY-ST-ZIP	COLLINGES, FRANCE 00000	CITY-ST-ZIP	
VD	VERGE, ROGER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	MOULIN DE MOUGINS	STREET ADDRESS	
CITY-ST-ZIP	MOUGINS, FRANCE 00000	CITY-ST-ZIP	
AS	WILSON, SAMUEL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1830 AVENUE OF THE STARS	STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: _____ **03-07-02** **407-827-5032** **SM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)