## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # H39578** 1. Entity Name JAMAICA KITCHEN, INC. 01-24-2000 90266 049 \*\*\*150.00 Mailing Address Principal Place of Business 8736 SW 72ND ST 8736 SW 72ND ST B0006552 MIAMI FL 33173-3512 **MIAMI FL 33173** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2510298 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIERRO, EUGENE J. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 334 MINORCA AVENUE, SUITE 200 CORAL GABLES FL 33134 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change CR2E034 (9/99) **PSD** ☐ Addition Delete TITLE TIFLE KONG, ALFRED NAME STREET ADDRESS construction and a second 8736 SW 72ND ST CITY-ST-ZIP ST ZIP MIAMI FL Addition VTD Delete TITLE ☐ Change SANG, CLEMENT LEE NAME STREET ADDRESS 8736 SW 72ND ST ..... 4009493 CITY-ST-ZIP MIAMI FL ST-ZIP ■ Addition ☐ Delete TITLE NAME STREET ADDRESS ....: . ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME ······ ADDOFFED STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS ··· · KDDDLGG CITY-ST-ZIP ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

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