

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

01-28-2003 90048 001 ****50.00

DOCUMENT # L02000012359

1. Entity Name

Joe's Kitchen LLC



DO NOT WRITE IN THIS SPACE

20019092

2. Principal Place of Business

1825 Mayo Street
Suite, Apt. #, etc.

3. Mailing Address

1825 Mayo Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

02-0605838

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Yvon Bourbon

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

1611 North 17th Avenue

City

Hollywood

FL

Zip Code

33020

**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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete

NAME Guy Sans-Cartier
STREET ADDRESS 153 de la Pontrello
CITY-ST-ZIP St. Sauveur Ok. 50R 1B3

TITLE MGR ☒ Add

NAME Yvon Bourbon
STREET ADDRESS 1611 N. 17th Avenue
CITY-ST-ZIP Hollywood FL 33020

TITLE MGR ☒ Add

NAME Ronny Bourbon
STREET ADDRESS 1611 N. 17th Avenue
CITY-ST-ZIP Hollywood FL

TITLE MGR ☒ Add

NAME Carole Gauthier
STREET ADDRESS 414 S.E. 10th Street #208
CITY-ST-ZIP Dania Beach, FL 33004

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-21-2003

Date

(954) 605-1519

Daytime Phone #

CR2E083R (12/02)