

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90372 034 \*\*\*150.00

**DOCUMENT # L80044**

1. Entity Name  
**KITCHENS BY LENORE, INC.**

Principal Place of Business

**1201 US HIGHWAY 1  
NORTH PALM BEACH FL 33408  
US**

Mailing Address

**1201 US HIGHWAY 1  
NORTH PALM BEACH FL 33408  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0200416**

Applied For

Not Applicable

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

**OJEDA, LINDA  
4914 COUNTY LINE RD.  
JUPITER FL 33469**

Name: **Jeffrey P. Zane**  
Street Address (P.O. Box Number is Not Acceptable)  
**4800 Riverside Drive  
Suite 101  
Palm Beach Gardens, FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable

**JEFFREY P. ZANE**

DATE

**2/2/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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

TITLE **P** ☒ Delete  
NAME **OJEDA, LINDA**  
STREET ADDRESS **4914 COUNTY LINE RD.**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE **P.T.S.D** ☒ Change ☐ Addition  
NAME **PHILIP V. KUNZELMANN**  
STREET ADDRESS **1201 US HWY. 1**  
CITY-ST-ZIP **N. PALM BEACH, FL, 33408**

TITLE **V** ☒ Delete  
NAME **OJEDA, ROBERT**  
STREET ADDRESS **4914 COUNTY LINE RD.**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Philip V. Kunzelmann**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**66-627-8300**

CR2E034 (10/00)