

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12594

1. Entity Name

THE SOUP KITCHEN, INC.

Principal Place of Business

8645 W. BOYNTON BEACH BLVD.
BOYNTON BEACH FL

Mailing Address

P. O. BOX 741155
BOYNTON BEACH FL 33474-1155

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

59-2628415

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

LARCHE, W. LAWRENCE
ONE BOCA PLACE, STE 319A
2255 GLADES ROAD
BOCA RATON FL 33441

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HOST, SALLY
STREET ADDRESS 2850 SE 5TH CIR, 24A
CITY-ST-ZIP BOYNTON BCH FL ☒ Delete

TITLE PD
NAME Bertram Lesser
STREET ADDRESS 7248 Falls Road East
CITY-ST-ZIP Boynton Bch., FL 33437 ☐ Change ☒ Addition

TITLE VD
NAME RUTSTEIN, STAN
STREET ADDRESS 12875 CORAL LAKES DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

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

TITLE TD
NAME CABLE, RICK
STREET ADDRESS 640 EAST OCEAN AVENUE, #18
CITY-ST-ZIP BOYNTON BCH FL ☐ Delete

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

TITLE SD
NAME HASTINGS, BERNARD
STREET ADDRESS 5542 MIRROR LAKES BLVD
CITY-ST-ZIP BOYNTON BCH FL 33437 ☐ Delete

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

TITLE VD
NAME CATALDI, AL
STREET ADDRESS 13831-C VIA FLORA
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

561-732-4671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE