2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # N12594 1. Entity Name 02-13-2001 90615 031 ****61.25 THE SOUP KITCHEN, INC. Principal Place of Business Mailing Address 8645 W. BOYNTON BEACH BLVD. P. O. BOX 741155 **LUULU//U** BOYNTON BEACH FL 33474-1155 BOYNTON BEACH FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. . Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2628415 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LARCHE, W. LAWRENCE ONE BOCA PLACE, STE 319A 2255 GLADES ROAD Zip Code **BOCA RATON FL 33441** 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Addition TITLE Delete TITLE ☐ Change LESSER, BERTRAM NAME NAME STREET ADDRESS 7248 FALLS ROAD EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Addition TITLE ☐ Delete TITLE ☐ Change RUTSTEIN, STAN NAME NAME STREET ADDRESS 12875 CORAL LAKES DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** TD Change 1 ☐ Addition TITLE ☐ Delete TITLE CABLE, RICK NAME NAME 639 East Ocean Avenue # STREET ADDRESS STREET ADDRESS 640 EAST OCEAN AVENUE, #18 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL** TITLE TITLE ☐ Delete ☐ Change ☐ Addition HASTINGS, BERNARD NAME NAME STREET ADDRESS 5542 MIRROR LAKES BLVD STREET ADDRESS CITY-ST-ZIP **BOYNTON BCH FL 33437** CITY-ST-ZIP VD. ☐ Delete TITLE ☐ Change ☐ Addition CATALDI, AL NAME NAME STREET ADDRESS 13831-C VIA FLORA STREET ADDRESS CITY-ST-ZIP · **DELRAY BEACH FL 33484** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 empow

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SIGNATURE: Bert SURLESTURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP