2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State
01-29-2002 90020 037 ****61.25

DOCUMENT # N12594

1. Entity Name

THE SOUP KITCHEN, INC.

Principal Place of Business	Mailing Address
8645 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL	P. O. BOX 741155 BOYNTON BEACH FL 33474-1155

DO NOT WRITE IN THIS SPACE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LESSER, BERTRAM 7248 FALLS ROAD EAST BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Alma Rinalda 4578 Paloverde Dr. Boynton Bch., FL 33436	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUTSTEIN, STAN 12875 CORAL LAKES DRIVE BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD [redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CABLE, RICK 639 EAST OCEAN AVENUE #309 BOYNTON BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HASTINGS, BERNARD 5542 MIRROR LAKES BLVD BOYNTON BCH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CATALDI, AL 13831-C VIA FLORA DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Lois Host 2850 SE 5th Circle Boynton Bch., FL 33435	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED 1/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #