

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003306

1. Entity Name

GOD'S KITCHEN, INC.

Principal Place of Business

Mailing Address

204 NE 13TH AVE  
BOYNTON BEACH FL 33435  
US

204 NE 13TH AVE  
BOYNTON BEACH FL 33435  
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

65-0693526

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

BASS, MICHAEL R  
600 S ANDREWS AVENUE, 6TH FLOOR  
FORT LAUDERDALE FL 33301

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 ☐ Delete  
NAME WEAL, EDDIE  
STREET ADDRESS 1601 NW 3RD ST  
CITY-ST-ZIP BOYNTON BCH FL 33435

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

TITLE VD ☐ Delete  
NAME SEIBERT, NINA  
STREET ADDRESS 201 W. PALMETTO PK RD  
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE TD ☐ Delete  
NAME WEAL, MINNIE  
STREET ADDRESS 1601 NW 3RD STREET  
CITY-ST-ZIP BOYNTON BEACH FL 33435

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

TITLE D ☐ Delete  
NAME MALLING, G  
STREET ADDRESS 11731 ISLAND LAKES CAVE  
CITY-ST-ZIP BOCARA RATON FL 33498

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

TITLE S ☐ Delete  
NAME GAYLE, NIETHA  
STREET ADDRESS 3128 E PALM DR  
CITY-ST-ZIP BOYNTON BCH FL 33435

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

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: *Bass Michael R*

*2/22/02 561-736-6490*

FILED  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90026 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)