

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91142 007 \*\*\*150.00

**DOCUMENT # P00000009227**

1. Entity Name  
**KEBAB USA, INC.**

Principal Place of Business  
**600 N. THACKER AVE.,STE.A24**  
**KISSIMMEE FL 34741**

Mailing Address  
**200 E. ROBINSON STREET,STE.500**  
**ORLND0 FL 32801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**600 N. Thacker Ave**  
 Suite, Apt. #, etc.  
**Suite C-13**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Kissimmee, FL**

City & State

4. FEI Number  
**59-3622114**

Applied For  
 Not Applicable

Zip  
**34741**

Country  
**USA**

Zip Country

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**

**FLORIDA CORPORATE SUPPORT, INC.**  
**200 E. ROBINSON STREET,STE.500**  
**ORLANDO FL 32801**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**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 ☐ Delete  
 NAME **D HARLE, ALFRED**  
 STREET ADDRESS **600 N. THACKER AVE.,STE.A24**  
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☒ Change ☐ Addition  
 NAME **D/P**  
 STREET ADDRESS **600 N. THACKER AVE, SUITE C-13**  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D DILLMANN, JOACHIM**  
 STREET ADDRESS **600 N. THACKER AVE.,STE.A24**  
 CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Sec Manfred Schmidt**  
 STREET ADDRESS **600 N. Thacker Ave, Suite C-13**  
 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)