

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90776 044 \*\*\*150.00

**DOCUMENT # P00000009227**



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

Principal Place of Business  
**600 N. THACKER AVE.,STE.C-13  
KISSIMMEE FL 34741**

Mailing Address  
**600 N. THACKER AVE.,STE.C-13  
KISSIMMEE FL 34741**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

*600 N. Thacker Ave.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3622114**

Applied For  
Not Applicable

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Vogel*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/04/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SCHMIDT, MANFRED</b>
STREET ADDRESS	<b>600 N. THACKER AVE.,STE.C-13</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FISCHER, DR. WERNER</b>
STREET ADDRESS	<b>600 N. THACKER AVE.,STE.C-13</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MEUSER, ARND</b>
STREET ADDRESS	<b>600 N. THACKER AVE., STE. C-13</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CZEKELIUS, ROLAND</b>
STREET ADDRESS	<b>600 N. THACKER AVE., STE. C-13</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D CZEKELIUS, ROLAND</b>
STREET ADDRESS	<b>36 CORDAGE PARK CIRCLE, STE. 301</b>
CITY-ST-ZIP	<b>PLYMOUTH, MA 02360</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Officer Michael Vogel</b>
STREET ADDRESS	<b>36 Cordage Park Circle, Ste. 301</b>
CITY-ST-ZIP	<b>PLYMOUTH, MA 02360</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Michael Vogel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/04/03** 508 732 0324  
Date Daytime Phone #

CR2E034 (10/02)