

# 2002 UNIFORM BUSINESS REPORT (UBR)

0242911 AV

**DOCUMENT #** P00000043667

**1. Entity Name**  
OAK FEED LE CHRYSANTHEM RESTAURANT, INC.

FILED

02 JUL 26 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
C/O M. PATRICK. ESQ.  
1141 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

**Mailing Address**  
C/O M. PATRICK. ESQ.  
1141 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

**2. Principal Place of Business**  
C/O M. PATRICK. ESQ.  
Suite #, etc.  
407  
City & State  
Cococut Grove  
Zip  
33133  
Country  
USA

**3. Mailing Address**  
2911 Grand Ave  
Suite, Apt. #, etc.  
City & State  
FLORIDA  
Zip  
Country

**4. FEI Number** 65-1006581  
☐ Applied For  
☐ Not Applicable

**5. Certificate of Status-Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
PATRICK, MARTY ESQ  
1141 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

**7. Name and Address of New Registered Agent**  
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 *Mary Alcala* *MARY ALCALA* DATE 4-29-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

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

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Vice President	PUN, TAK SUM	1141 KANE CONCOURSE	BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/>
<del>PRESIDENT</del>	<del>MARY ALCALA</del>	<del>17446 SW 20th ST</del>	<del>MIRAMAR, FL 33029</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT - Director	MARY ALCALA	17446 SW 20th ST	MIRAMAR FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>ANDREA ALCALA</del>	<del>17446 SW 20th ST</del>	<del>MIRAMAR FL 33029</del>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	ANDREA ALCALA	17446 SW 20th ST	MIRAMAR FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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: *TAK SUM PUN* DATE 4-29-02 (305)4436789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)