

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90238 034 \*\*\*150.00

0118028 AT

**DOCUMENT # P00000111844**

**1. Entity Name**  
**THE PALM BEACH KITCHEN, INC.**

**Principal Place of Business**  
**8442 EGRET MEADOW LANE**  
**WEST PALM BEACH FL 33412**

**Mailing Address**  
**8442 EGRET MEADOW LANE**  
**WEST PALM BEACH FL 33412**

**2. Principal Place of Business**  
**706 South Olive Ave.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**706 South Olive Ave.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
**West Palm Beach, FL**  
**Zip**  
**33401**  
**Country**  
**USA**

**City & State**  
**West Palm Beach, FL**  
**Zip**  
**33401**  
**Country**  
**USA**

**4. FEI Number**  
**65-1063748**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**DAMON, CONRAD ESQ.**  
**4420 BEACON CIRCLE, SUITE 100**  
**WEST PALM BEACH FL 33407**

**7. Name and Address of New Registered Agent**

**Name** **CHRISTOPHER ARON BUCKSTEIN**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**8442 EGRET MEADOW LANE**  
**City** **West Palm Beach** **FL** **Zip Code** **33412**

**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** *Chris Buckstein* **Chris Buckstein** **President, The Palm Beach Kitchen Inc** **7-18-01**  
Signature of registered agent or printed name of registered agent and title if applicable. (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>President</b> <b>Christopher Buckstein</b> <b>8442 Egret Meadow Lane</b> <b>West Palm Beach FL 33412</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Chris Buckstein* **Chris Buckstein** **President, The Palm Beach Kitchen Inc** **7-18-01** **561 3080424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

ATTACHMENT  
A0062967

Chris Buckstein  
The Palm Beach Kitchen, Inc.  
8442 Egret Meadow Lane  
West Palm Beach, FL 33401  
561-659-4441

To Whom It May Concern:

P00000011844

I unfortunately did not receive my first "Uniform Business Report" notice that should have been received in January. I telephoned the office and was advised that I would be allowed to pay only the initial fee of \$150.00. Please contact me with any concerns or questions.

Thank-you

CB  
Christopher Buckstein, President, The Palm Beach Kitchen, Inc.