

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

06-27-2002 90184 017 \*\*\*550.00

**DOCUMENT #**

P00000111844

1. Entity Name

THE PALM BEACH KITCHEN, INC.

118626

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

206 South Olive Avenue

Suite, Apt. #, etc.

City

State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

206 South Olive Avenue

Suite, Apt. #, etc.

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

7. Name and Address of Current Registered Agent

Name

Christopher Aaron 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

Signature, typed 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) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D. P. VP, S, T  
Christopher Buckstein  
8442 Egret Meadow Lane  
West Palm Beach, FL 33412

TITLE  
NAME  
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

CR2E034B (12/01)