

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # *P01000015348*

1. Entity Name

*ProChef Culinary Concepts, Inc.*

02 JUN 24 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

400006165794--2

-07/03/02--01012--005

\*\*\*\*158.75 \*\*\*\*158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*6500 Sunset Way*

3. Mailing Address

*6500 Sunset Way*

Suite, Apt. #, etc.

*# 206 A*

Suite, Apt. #, etc.

*# 206 A*

City & State

*St. Pete Beach, FL*

City & State

*St. Pete Beach, FL*

4. FEI Number

*59-3697769*

Applied For

Not Applicable

Zip

*33706*

Country

*USA*

Zip

*33706*

Country

*USA*

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

7. Name and Address of Current Registered Agent

Name *Brian Lewis*

Street Address (P.O. Box Number is Not Acceptable)  
*6500 Sunset Way # 206 A*

City *St. Pete Beach, FL*

FL

Zip Code *33706*

**DO NOT WRITE  
IN THIS SPACE**

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

*Brian Lewis*

*6-17-02*

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

*Please see attached sheet*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/13/02*

Date

*727-214-8830*

Daytime Phone #

CR2E034B (12/01)

*Attachment  
L Docket  
PO1000015348*

**OFFICERS AND DIRECTORS**

C/D

Delano E. Lewis, Sr.  
7140 Las Vistas Road  
Los Cruces, NM 88005

P/T/D

Delano E. Lewis, Jr.  
1768 Victoria Way  
San Marcos, CA 92069

V/D

Brian P. Lewis  
6500 Sunset Way Apt. 206A  
St. Pete Beach, FL 33076

S/D

Gayle Lewis  
7140 Las Vistas Road  
Los Cruces, NM 88005

D

Richard Braddock  
375 Park Ave. Suite 3107  
New York, NY 10152