

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90040 049 ***158.75

DOCUMENT # P01000056178

1. Entity Name

ULTRA CHEF CORPORATION



Principal Place of Business

6951 NORTHWEST 109TH AVENUE
MIAMI FL 33178

Mailing Address

6951 NORTHWEST 109TH AVENUE
MIAMI FL 33178



2. Principal Place of Business - No P.O. Box #

8901 NW 35th LANE

3. Mailing Address

8901 NW 35th LANE

Suite, Apt. #, etc.

Suite # 201

Suite, Apt. #, etc.

Suite # 201

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-1110826

Applied For

Not Applicable

5. Certificate of Status Desired

*

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Shahabudeen Ahmad

Street Address (P.O. Box Number is Not Acceptable)

8901 NW 35th LANE Suite #201

MIAMI

City

MIAMI

FL

Zip Code

33172

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

Shahabudeen Ahmad SHAHABUDEEN Ahmad

3/12/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE PSTD ☐ Delete
NAME AHMAD, SHAHABUDEEN
STREET ADDRESS 6951 NORTHWEST 109TH AVENUE
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
NAME AHMAD, SHAHABUDEEN
STREET ADDRESS 8901 NW 35th LANE Suite #201
CITY-ST-ZIP MIAMI FLORIDA 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Shahabudeen Ahmad SHAHABUDEEN Ahmad 3/12/07 305-500-9580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #