

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90485 010 ***150.00

0594640 AT

DOCUMENT # PO1000074060

1. Entity Name

CHEF ON WHEELS, INC.

Principal Place of Business

10350 SW 216 ST APT. 105
 MIAMI FL 33190

Mailing Address

10350 SW 216 ST APT. 105
 MIAMI FL 33190

2. Principal Place of Business

10350 S.W. 216 St

3. Mailing Address

10350 S.W. 216 St

Suite, Apt. #, etc.

APT #105

Suite, Apt. #, etc.

APT #105

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33190

Country

US

Zip

33190

Country

US

4. FEI Number

02-0571642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JONES, JAMMIE

10350 SW 216 ST APT. 105

MIAMI FL 33190

7. Name and Address of New Registered Agent

Name

JAMMIE JONES

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

10350 S.W. 216 St APT 105

City

MIAMI

FL

Zip Code

33190

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

Jammie Jones

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

(NOTE: Registered Agent signature required when reinstating)

2/07/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	JONES, JAMMIE	
STREET ADDRESS	10350 SW 216 ST APT. 105	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Jammie Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/07/02

(305)

234-2715

Date

Daytime Phone #

CFE034 (9/01)