FILED
Jun 05, 2003 8:00 am
Secretary of State
05-13-2003 90051 050 ***158.00
05-07-2003 90142 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/7
5/1

DOCUMENT # P01000103863

1. Entity Name
CHICK-N-GRILL ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

55046404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5005 COLLINS AVENUE		1920 E. HALLANDALE BEACH BLVI	
Suite, Apt. #, etc. #1107		Suite, Apt. #, etc. PH #2	
City & State MIAMI BEACH, FL		City & State HALLANDALE . FL	
Zip 33140	Country US	Zip 33009	Country US

4. FEI Number 105-9867 / 65-1059867 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name LARRY S. SAZANT, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
1920 E. HALLANDALE BCH, BLVD - PH#2
City HALLANDALE FL Zip Code 33009

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 LARRY S. SAZANT, MAY 6, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALTER RIOS, P/T/D 5005 COLLINS AVE #1107, MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM RIOS, VP/S/D 13540 SW 196 STREET MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER RIOS, PRESIDENT 5-7-03 954-458-6801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #