

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90058 013 ***150.00

DOCUMENT # P02000021602

1. Entity Name
WEST KITCHENS ENTERPRISES, INC.



Principal Place of Business
**14358 SW 97TH LANE
MIAMI FL 33186**

Mailing Address
**14358 SW 97TH LANE
MIAMI FL 33186**



2. Principal Place of Business

3. Mailing Address

1805 SW 107 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 2609

City & State

City & State

MIAMI

4. FEI Number

01-0680716

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 33165

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANDO, RAMIRO
14358 SW 97TH LANE
MIAMI FL 33186**

Name **RAMIRO Pando**

Street Address (P.O. Box Number is Not Acceptable)
1805 SW 107 AVE # 2609

City **MIAMI**

FL

Zip Code **33165**

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

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **RAMIRO Pando**
STREET ADDRESS **1805 SW 107 AVE # 2609**
CITY-ST-ZIP **MIAMI, FL 33165**

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

TITLE **VICE PRESIDENT** ☐ Delete
NAME **RENIER ECHEVARRIA**
STREET ADDRESS **2070W BRIGHT DR # 3**
CITY-ST-ZIP **HEALEAH FL 33010**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)