

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

4/24

04-24-2003 90138 025 ***150.00

DOCUMENT # P02000040046

1. Entity Name
RP COASTAL CUISINE INC.



Principal Place of Business
**9 SW 13TH STREET
FORT LAUDERDALE FL 33315**

Mailing Address
**9 SW 13TH STREET
FORT LAUDERDALE FL 33315**

35043807



2. Principal Place of Business

**1323 SE 17th Street
Suite, Apt., #, etc.
#427**

3. Mailing Address

**1323 SE 17th Street
Suite, Apt., #, etc.
#427**

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale, FL
Zip
33315 Country
USA

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4. FEI Number
01-0664412

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, SEAN
9 SW 13TH STREET
FORT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name
Robert Pickens
Street Address (P.O. Box Number is Not Acceptable)
1323 SE 17th Street #427
City
Fort Lauderdale FL Zip Code
33315

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 **VPD [Signature]** DATE **April 21, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PICKENS, ROBERT
1323 1323 SE 17TH STREET #427
FORT LAUDERDALE FL 33316** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PICKENS, LESLIE
1323 1323 SE 17TH STREET #427
FORT LAUDERDALE FL 33316** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 [Signature]** DATE **April 21, 2003** DAYTIME PHONE # **954-922-9460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)