

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90005 008 ***150.00

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DOCUMENT # P02000096352

1. Entity Name
THE CHEFS TABLE INC.



Principal Place of Business
2061 SW 70TH AVE
BAYS#F-18
DAVIE FL 33317

Mailing Address
2061 SW 70TH AVE
BAYS#F-18
DAVIE FL 33317



2. Principal Place of Business
3701 University Dr.

3. Mailing Address
318 Indian Trace
215

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs, FL

City & State
Weston, FL

Zip
33065

Country
USA

Zip
33326

Country
USA

4. FEI Number
113651071

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SABATINO, STEVEN
1341 ST. TROPEZ CIRCLE
#1102
WESTON FL 33326

7. Name and Address of New Registered Agent
Name STEVEN SABATINO
Street Address (P.O. Box Number is Not Acceptable)
808 Sand Creek Circle
City Weston **FL** **Zip Code** 33327

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] **DATE** 4-26-04

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 <u>President</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>STEVEN SABATINO</u>		NAME	
STREET ADDRESS <u>808 Sand Creek Circle</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Weston, FL 33327</u>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: STEVEN SABATINO **REGISTERED** Sabatino **President** 4-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)