## 2004

## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P03000033698			04-29-2004 90253 041 ***158.75	
Chef Depot Corp.				
DO NOT WR	ITE IN THIS SPACE	3.	94	072760
2. Principal Place of Business	3. Mailing Address	<u></u>	. ·	
7754 N.W. 46th St.	7754 N.W. 4	6th St.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE
City & State	City & State		4. FEI Number	Applied For
Doral', FL	Doral, FL		14-1876965	Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
33166-5460  USA <b>DO NOT WRITE IN</b>		USA '	7. Name and Address of Current Register	Fee Required
		Name del Val	le, Manuel R. (CO. Box Number is Not Acceptable) W. 12th St.	
		Suite 7	/61	- Zin Code
		Miami	F	<b>L</b> 33126
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		e. (NOTE: Registered A	gent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payable to Florida Departme 10. OFFICERS A	nt of State  ND DIRECTORS		mannania managa an an an ang ang ananana an an an an an	
TITLE D/P	ND BIREOTONO	TITLE	~ <	The state of the s
NAME Lasprilla de street Address 1626 N.W. 143 CITY-ST-ZIP Pembroke Pine	Yepes, Martha ord Way es, FL 33028	NAME STREET ADDRESS CITY - ST - ZIP		
TITLE D/VP NAME Yepes, Hernar STREET ADDRESS 1.626.N.W. 143 CHY-ST-ZIP Pembroke Pine	ord Way	TITLE NAME STREET ADDRESS CITY + ST + ZIP		
NAME Yepes, Stefar STREET ADDRESS 1626 N.W. 143 Pembroke Pine	Brd Way	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN TH	IS SPACE
NAME D/S Yepes, Natali STREET ADDRESS 1626 N.W. 143 CITY-ST-ZIP Pembroke Pine	Brd Way	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Account of the second of the s	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE     NAME     STREET ADDRESS     CITY   ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	oplemental report is true and acc the receiver or trustee empower with an address, with all other lik	urate and that my signated to execute this report	ure shall have the same legal effect as if m as required by Chapter 607, Florida Statute	ade under oath; that I am
	ED OR PRINTED NAME OF SIGNI		OR Date Day	/time Phone #

STF FL32381F.1