03-19-2001 90067 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000078909

INTERNATIONAL KITCHENS, INC.

Principal Place of Business 6225 SW KENDALE LAKE CIR. D-152 MIAMI FL 33183		Mailing Address 6225 SW KENDALE LAKE CIRCLE SUITE D-152 MIAMI FL 33183			-			
2. Principal Place of Business 7060 sw 150 Path Suite, Apt. #, etc. Micam FL 33193		3. Mailing Address 7068 Sw 158 Path Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State FL	City & State MiAMI, FL		65-0448261		oplied For ot Applicable	
Zip	Country	33193	Country	5. Certificate of S	Status Desired	\$8.75 Add Fee Required	litional	
6225 SUIT	CE, FRANCISCO S SW KENDALE LAKE CIRCLE TE D-152 MI FL 33183	Registered Agent	Name IR Street Addre	SS (P.O. Box Number is	8 Path	ed Agent	3193	
8. The above	e named entity submits this statement fo		egistered office or reg		the State of Florida.	14/01		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		JO Trust F	n Campaign Financing fund Contribution.		O May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD IRACE, FRANCISCO D 6225 SW KENDALE LAKE CIRCLI	Delete		RACE FIR	anges to officers a ancisco D 158 Path L 33193	Change	S IN 11 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR