

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25 1997 8:00am  
Secretary of State

DOCUMENT # P94000041704 (5)

1. Corporation Name

FAMILY CHICKEN INCORPORATED



Principal Place of Business

Mailing Address

1000 LINCOLN RD.  
SUITE 210  
MIAMI BEACH FL 33139

1000 LINCOLN RD.  
SUITE 210  
MIAMI BEACH FL 33139-2500

3. Date Incorporated or Qualified  
06/03/1994

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 12801 W. Sunrise Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 227

27

City & State

City & State

23 Sunrise FL

28

24 Zip 33323

Country

29 Zip

Country

30

4. FEI Number  
65-0496642

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL RUBINSON  
1000 LINCOLN ROAD  
SUITE 210  
MIAMI BEACH FL 33139

81 Name

ALAN LEVINE, ESQ

82 Street Address (P.O. Box Number is Not Acceptable)

1110 BRICKER AV, 7TH FLOOR

83

84 City

MIAMI 33

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P  
STREET ADDRESS ROMAN JONES  
CITY-ST-ZIP 1000 LINCOLN RD., SUITE 210  
MIAMI BEACH FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Roman Jones

1.3 STREET ADDRESS 1110 BRICKER AV, 7TH FLOOR

1.4 CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME V. President  
STREET ADDRESS Sia Hemmati  
CITY-ST-ZIP 12801 W. Sunrise Blvd # 227  
Sunrise FL 33323

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

20020015

4/15/97

CR2E034 (9/96)