

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90122 023 ***150.00

DOCUMENT # P94000048656

1. Entity Name
INTERNATIONAL HAUTE CUISINE, INC.



Principal Place of Business

**5007 BEACON ROAD
PALMETTO FL 34221**

US

Mailing Address

~~900 NE 18TH AVE~~

~~17005 DRIVE~~

~~FT LAUDERDALE FL 33304~~

US

2. Principal Place of Business

900 NE 18TH AVE

3. Mailing Address

EILEEN G. MCCLURE

900 NE 18TH AVE #607

FT LAUDERDALE, FL

Zip 33304 Country USA

Zip 33304 Country USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0501906**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLURE, EILEEN G

5007 BEACON ROAD 900 NE 18TH AVE #607

PALMETTO FL 34221 FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **D** ☐ Delete
NAME **MCCLURE, EILEEN G**
STREET ADDRESS **1004 22ND AVENUE WEST**
CITY-ST-ZIP **PALMETTO FL 34221 FT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03
Date Daytime Phone #

CR2E034 (10/02)