

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90055 034 \*\*\*158.75

B0021817



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000084005

1. Entity Name  
**CHICKEN KITCHEN CORPORATION**

Principal Place of Business  
**5415 COLLINS AVE #305  
MIAMI BCH FL 33140  
US**

Mailing Address  
**5415 COLLINS AVE #305  
MIAMI BCH FL 33140-2556  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**5750 North Bay Road  
MIAMI BEACH  
FL 33140**

4. FEI Number **59-3283225**

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

6. Name and Address of Current Registered Agent  
**CHRISTIAN DE BERDOUARE  
5750 N BAY RD  
MIAMI BCH FL 33140**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHE DE BERDOUARE, CHRISTIAN		NAME		
STREET ADDRESS	5415 COLLINS AVE STE 305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33140		CITY-ST-ZIP		
TITLE	SV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMMUT, LAWRENCE G		NAME		
STREET ADDRESS	5415 COLLINS AVENUE #305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33140		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMAN, FRANK		NAME		
STREET ADDRESS	5415 COLLINS AVE STE 305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33140		CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, MITCHELL		NAME		
STREET ADDRESS	5415 COLLINS AVENUE #305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33140		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JOSEPH		NAME		
STREET ADDRESS	5415 COLLINS AVENUE #305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33140		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, ALAN		NAME		
STREET ADDRESS	5415 COLLINS AVENUE #305		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33140		CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **2-8-2000** Daytime Phone # **866-6363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHRISTIAN DE BERDOUARE**