

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**  
 08-21-2001 90009 039 \*\*\*558.75

0041722 AV

**DOCUMENT # P94000084005**

1. Entity Name  
**CHICKEN KITCHEN CORPORATION**

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

Mailing Address  
**5750 NORTH BAY ROAD**  
**MIAMI BCH FL 33140**  
**US**

2. Principal Place of Business  
**10800 BISCAYNE BLVD.**

3. Mailing Address  
**same as above**

Suite, Apt. #, etc.  
**SUITE 660**

Suite, Apt. #, etc.

City & State  
**NORTH MIAMI**

City & State

Zip  
**33161**

Country  
**USA**

Zip

Country

4. FEI Number  
**59-3283225**

Applied For  
☐ Not Applicable

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC</b> <b>MAHE DE BERDOUARE, CHRISTIAN</b> <b>5415 COLLINS AVE STE 305</b> <b>MIAMI FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY &amp; VICE PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>BLACKMAN, FRANK</b> <b>5415 COLLINS AVE STE 305</b> <b>MIAMI FL 33140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER &amp; VICE PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KING, JOSEPH</b> <b>5415 COLLINS AVENUE #305</b> <b>MIAMI FL 33140</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT &amp; DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BARTON, ALAN</b> <b>5415 COLLINS AVENUE #305</b> <b>MIAMI FL 33140</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOSEPH REMSA</b> <b>10800 BISCAYNE BOULEVARD</b> <b>SUITE 660</b> <b>NORTH MIAMI, FL. 33161</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHIEF FINANCIAL OFFICER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY &amp; VICE PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 to this report with all other like empowered.

**SIGNATURE** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**7/29/2001 (305) 8927878**

CR2E034 (5/01)