

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90456 038 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000084005

1. Entity Name
CHICKEN KITCHEN CORPORATION

Principal Place of Business

10800 BISCAYNE BLVD.
SUITE 660
NORTH MIAMI FL 33161
US

Mailing Address

10800 BISCAYNE BLVD.
SUITE 660
NORTH MIAMI FL 33161
US

2. Principal Place of Business

10800 BISCAYNE BLVD.
Suite, Apt. #, etc. 820

3. Mailing Address

10800 BISCAYNE BLVD.
Suite, Apt. #, etc. 820

City & State
NORTH MIAMI FL

Zip
33161

Country
USA

City & State
NORTH MIAMI FL

Zip
33161

Country
USA

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)

10800 BISCAYNE BLVD SUITE 820

City
NORTH MIAMI

FL

Zip Code
33161

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 **CHRISTIAN MAHE DE BERDOUARE**

4-19-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **DPC**
NAME **MAHE DE BERDOUARE, CHRISTIAN**
STREET ADDRESS **5415 COLLINS AVE STE 305**
CITY-ST-ZIP **MIAMI FL 33140** ☐ Delete

TITLE **SV**
NAME **BLACKMAN, FRANK**
STREET ADDRESS **5415 COLLINS AVE STE 305**
CITY-ST-ZIP **MIAMI FL 33140** ☒ Delete

TITLE **CFO**
NAME **REMSA, JOSEPH**
STREET ADDRESS **10800 BISCAYNE BOULEVARD SUITE 660**
CITY-ST-ZIP **NORTH MIAMI FL 33161** ☒ Delete

TITLE **SV**
NAME **REMSA, JOSEPH**
STREET ADDRESS **10800 BISCAYNE BOULEVARD SUITE 660**
CITY-ST-ZIP **NORTH MIAMI FL 33161** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **LAURENCE G. SAMMUT** ☐ Change ☒ Addition
NAME **PRESIDENT & CEO**
STREET ADDRESS **5415 COLLINS AVENUE, SUITE 305**
CITY-ST-ZIP **MIAMI BEACH, FL. 33140**

TITLE **LAURENCE G. SAMMUT** ☐ Change ☒ Addition
NAME **DIRECTOR & TREASURER**
STREET ADDRESS **5415 COLLINS AVENUE, SUITE 305**
CITY-ST-ZIP **MIAMI BEACH, FL. 33140**

TITLE **DIRECTOR & SECRETARY** ☐ Change ☒ Addition
NAME **MAHE DE BERDOUARE CHRISTIAN**
STREET ADDRESS **5415 COLLINS AVENUE, SUITE 305**
CITY-ST-ZIP **MIAMI BEACH, FL. 33140**

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2002

Date

(305) 892-7878

Daytime Phone #

CR2E034 (9/01)