

FILED

02 SEP 12 PM 12:41

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) AMMENDEMENT

DOCUMENT # 894000084005  
1. Entity Name CHICKEN KITCHEN CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10800 Biscayne Blvd  
Suite, Apt. #, etc. Suite 820  
City & State North Miami FL  
Zip 33161 Country US

3. Mailing Address  
10800 Biscayne Blvd  
Suite, Apt. #, etc. Suite 820  
City & State North Miami FL  
Zip 33161 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 593283225  
Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 7. Name and Address of Current Registered Agent

Name LAURENCE G. SAMMUT  
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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

09/06/02 DATE

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE DPC  
NAME LAURENCE G. SAMMUT  
STREET ADDRESS 10800 Biscayne Blvd Suite 820  
CITY-ST-ZIP North Miami, FL 33161

TITLE PCEO  
NAME LAURENCE G. SAMMUT  
STREET ADDRESS 10800 Biscayne Blvd Suite 820  
CITY-ST-ZIP North Miami, FL 33161

TITLE DT  
NAME LAURENCE G. SAMMUT  
STREET ADDRESS 10800 Biscayne Blvd Suite 820  
CITY-ST-ZIP North Miami, FL 33161

TITLE DS  
NAME LAURENCE G. SAMMUT  
STREET ADDRESS 10800 Biscayne Blvd Suite 820  
CITY-ST-ZIP North Miami, FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500007810005--3  
-09/17/02--01074--D13  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/06/02 (305) 892-7878  
Date Daytime Phone #