

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014574

1. Entity Name

AVIAN KITCHENS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90132 001 ***300.00

Principal Place of Business

1401 S. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

Mailing Address

1401 S. FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441-7222

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

21798 CARTAGENA DR.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

Zip

33428

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0564707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHUNG, ALBERT C
21798 CARTAGENA DRIVE
BOCA RATON FL 33428

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

Albert C. Chung, VP.

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS CHUNG, JOAN E
CITY-ST-ZIP 21798 CARTAGENA DRIVE
BOCA RATON FL 33428

TITLE ☐ Delete
NAME VPD
STREET ADDRESS CHUNG, ALBERT C.
CITY-ST-ZIP 21798 CARTAGENA DRIVE
BOCA RATON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR

Jan 06/2000

Date

561.451-8487

Daytime Phone #