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2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P95000014574 **DOCUMENT #** 1. Entity Name 04-11-2002 90783 013 ***150 00 AVIAN KITCHENS, INC. Principal Place of Business Mailing Address 1401 S. FEDERAL HIGHWAY 21798 CARTEGENA DR DEERFIELD BEACH FL 33441 **BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address 21692 CROMWELL CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0564707 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHUNG CHUNG, ALBERT C. ... 21798 CARTAGENA DRIVE **BOCA RATON FL 33428** 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (10/6) ☐ Delete Addition TITLE TITLE CHUNG, JOAN E NAME NAME CROMUELL CIRCLE **CR2E034** 21798 CARTAGENA DRIVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE CHUNG, ALBERT C. NAME NAME 21798 CARTAGENA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIP ☐ Delete □ Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.