## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 27, 2000 8:00 am DOCUMENT # **P95000032858** 1. Entity Name **Secretary of State** KITCHEN TECHNIQUES, INC. 03-27-2000 90105 047 \*\*\*150.00 Principal Place of Business Mailing Address 5940 PELICAN BAY PLAZA. UNIT 405 5940 PELICAN BAY PLAZA, UNIT 405 **GULFPORT FL 33707-3956 GULFPORT FL 33707** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3315550 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARGHERITA E. PORTO Street Address (P.O. Box Number is Not Acceptable) 5940 PELICAN BAY PLAZA SUITE 405 **GULFPORT FL 33707** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete ☐ Change TITLE NAME PORTO, JOHN A NAME STREET ADDRESS 5940 PELICAN BAY PLAZA, UNIT 405 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GULFPORT FL 33707** TITLE ☐ Change ☐ Addition ☐ Delete TITLE PORTO, MARGHERITA E NAME NAME 5940 PELICAN BAY PLAZA, UNIT 405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GULFPORT FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: MARGHERITH F. BRTO 2/35/00 727-347-250