

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90181 028 ***150.00

DOCUMENT # P95000032858

1. Entity Name
KITCHEN TECHNIQUES, INC.



Principal Place of Business
**5940 PELICAN BAY PLAZA
#701
GULFPORT FL 33707
US**

Mailing Address
**5940 PELICAN BAY PLAZA. UNIT 406 701
GULFPORT FL 33707**

10014513



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5940 Pelican Bay Pl #701
Suite, Apt. #, etc.
#701

3. Mailing Address
SAME
Suite, Apt. #, etc.
SAME

City & State
Gulfport-FLORIDA
Zip
33707 Country **USA**
Pinellas

City & State
GULFPORT-FLORIDA
Zip
33707 Country
USA

4. FEI Number
59-3315550

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARGHERITA E. PORTO
5940 PELICAN BAY PLAZA
SUITE 406 701
GULFPORT FL 33707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PORTO, JOHN A
5940 PELICAN BAY PLAZA UNIT 701
GULFPORT FL 33707 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RA
PORTO, MARGHERITA E
5940 PELICAN BAY PLAZA UNIT 701
GULFPORT FL ☐ Delete

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

TITLE
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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARGHERITA E. PORTO** 1/25/03 727-347-2507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)