## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000103596**1. Corporation Name

CHEFS UNLIMITED, INC.

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90002 010 \*\*\*150.00



Principal Place of Business Mailing Address							
4838 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308		4838 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	
						12/24/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26				65-0717281   Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required	
22		<u> </u>	City & State		· - <del></del>		
City & State		28 Z8				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	<u> </u>			8. This corporation owes the current year Intangible  Personal Property Tax.	
24	25		30			Personal Property Tax.	
	9. Name and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New Registered Agent	
	ALAL, ADIE					ess (P.O. Box Number is Not Acceptable)	
	NE 23RD AVE				Siloot ridare	000 (110. 200.110.110.110.110.110.110.110.110.110.	
FT L	AUDERDALE FL 33308			83			
			Ì	84	City	FL 85 Zip Code	
44 Purcuant	to the provisions of Sections 607 050	12 and 607 1508. Florida Statute	es, the ab	ove-	named corpo	oration submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was at	uthorized	DV tr	he corporatio	on's board of directors. I hereby accept the appointment as registered	
	m ramiliar with, and accept the obliga	Illions of, Section 667.0363, Fibi	ida Statu	163.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered /	Agent :	signature required	ed when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		, ,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE			Change Addition	
NAME	MAHALAL, ADIE		1.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			1.4 CIT		-ZIP	☐ Change ☐ Additio	
TITLE	P	☐ DELETE	2.1 TIT			C. Collado	
NAME	MAHALAL, DALIA		2.2 NA			•	
STREET ADDRESS	4812 NE 23RD AVE		2.3 STREÉ				
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	☐ DELETE	2. 4 CIT		-ZIP	☐ Change ☐ Additio	
TITLE	*1		3.2 NA				
NAME	ROSENBERG, STEVE 4812 NE 23RD AVE				ADDRESS		
STREET ADDRESS	FT. LAUDERDALE FL 33308	•	3.4. CI				
CITY-ST-ZIP TITLE	FI. LAUDENDALE FE 33300	☐ DELETE	4.1 TIT		-211	☐ Change ☐ Addition	
NAME			4. 2 NA				
					ADDRESS	· ·	
STREET ADDRESS			4.4 CIT		ţ	•	
CITY-ST-ZIP T/TLE		☐ DELETE	5.1 TIT		- 211	☐ Change ☐ Addition	
NAME			5.2 NA				
STREET ADDRESS					ADDRESS	• •	
CITY-ST-ZIP			5.4 CIT				
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition	
NAME		_	6.2 NA	ME	-		
STREET ADDRESS			6.3 STI	REET A	ADDRESS .	·	

14. I hereby certify that the information supplied with this filing does not quality for the exemption indicated on this annual report or supplemental annual report is true and accorate and that officer or director of the corporation or the requirer or trustee empowered tolexecute this replication. It is also that the property of the supplemental trustee empowered tolexecute this replication. h stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an poyt as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: