

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90087 040 \*\*\*150.00

0072009 AV

**DOCUMENT # P97000086309**

**1. Entity Name**  
**CULINARY FUSION, INC.**



**Principal Place of Business**  
**842 SW 9TH STREET**  
**FT. LAUDERDALE FL 33315**  
**US**

**Mailing Address**  
**842 SW 9TH STREET**  
**FT. LAUDERDALE FL 33315**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0798098**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EHART, NICOLE F**  
**800 N.E. 14TH AVE.**  
**FORT LAUDERDALE FL 33304**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>D GRANT, BEVERLY</b> <b>842 SW 9TH ST.</b> <b>FT. LAUDERDALE FL 33315</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 7-22-03**

Date Daytime Phone #

CR2E034 (4/03)



Attachment #

## CULINARY FUSION

842 SW 9<sup>th</sup> Street

Fort Lauderdale, Florida 33315

Phone: 954.764.2725 Fax: 954.764.6595

Culinaryfusion@earthlink.net

"Catering to the Discriminating Palate"

July 22, 2003

Division of Corporations  
Uniform Business Report Filings  
Po Box 1500  
Tallahassee, FL 32302-1500

Re: 2003 UBR

To Whom It May Concern:

Please find attached the completed 2003 UBR and a check in the amount of \$150.00 to serve as the filing fee. I did not receive the prior notice and would like to request the late fee be waived.

Please feel free to contact me with any questions.

Sincerely,

Beverly Grant  
President, Culinary Fusion, Inc.

From The Kitchen Of...  
**BEVERLY GRANT**  
Executive Chef