

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000087614**

1. Corporation Name

NATURAL CHICKEN GRILL, INC.

Principal Place of Business

1675 SW 107 AVE
MIAMI FL 33165

Mailing Address

1675 SW 107 AVE
MIAMI FL 33165

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

14205 SW 68 Ave

Suite, Apt. #, etc.

23. City & State

23

27. City & State

27

Miami

24. Zip

24

Country

25

29. Zip

29

33158

Country

30

9. Name and Address of Current Registered Agent

**ALMUKHTAR, SAID
1765 FAIRHAVEN PLACE
MIAMI FL 33133**

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1997

4. FEI Number

65-0834779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

14205 SW 68 Ave

83. City

84. City

Miami

FL

85. Zip Code

33158

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

Said Almukhtar, President

(NOTE: Registered Agent signature required when reinstating)

DATE

12/19/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PSD
ALMUKHTAR, SAID
1765 FAIRHAVEN PL
MIAMI FL 33133**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
DEL BUSTO, CEASAR
9636 NW 47TH TERRACE
MIAMI FL 33178**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD
ALMUKHTAR, SAID
1765 FAIRHAVEN PL
MIAMI FL 33133**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

7000030840879
-12/30/99--01020--021
*******758.75 *****758.75**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Said Almukhtar 11/10/99 305 8588787

FILED

99 DEC 20 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



99