

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2000 8:00 am**
Secretary of State

01-27-2000 90103 048 ***150.00

DOCUMENT # P98000092396

1. Entity Name

FLORIDA KITCHEN GALLERY, INC.

Principal Place of Business

Mailing Address

N.W. 79TH AVENUE
FL 331223395 N.W. 79TH AVENUE
MIAMI FL 33122-1015
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

65-0873505

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLWETT, ROBERT D ESQ.
17071 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

Name

HERB E DUSCH

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

JOHNSON ADORNO + McCall

9165 PARK DRIVE

City

MIAMI SHORES

FL

Zip Code

33138

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|------------------------------------------------|-----------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD DELGADO, JUAN 3395 N.W. 79TH AVENUE MIAMI FL 33122 | <input type="checkbox"/> Delete |
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-8-2000

Daytime Phone #

305-
594-3727

CR2E034 (9/99)