2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019882

1. Entity Name

C & E PHILADELPHIA KITCHEN, INC.

Principal F	Place of	Business
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Mailing Address

PO BOX 331333

PO BOX 331333

ATLANTIC BEACH FL 32266

ATLANTIC BEACH FL 32233-1333

2. Principal Place of Business 2275 Atlantic Blvd. Suite, Apt. #, etc. 3. Mailing Address P.O. Box 330108 Suite, Apt. #, etc.

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90208 021 ***150.00



DO NOT WRITE IN THIS SPACE

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Signature Display Display Signature Display	City & State City & State Atlantic Roach I		4. FEI Number 50-2550910		El Number 1-3550810			 			
32236 Duval 32233-0108 Duval 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 tine if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D							_		- ' '		
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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	CITY-ST-ZIP				UIII	'-SI-ZIP					

3. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in section 1730 (3)(f). Policial statutes. I dutie the filing does not qualify for the exemption of 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 employered 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 a provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

(904) 241-1501

Daytime Phone #