2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000022818 1. Entity Name BOCA KITCHENS, INC.					FILED Jan 12, 2001 8:00 am Secretary of State 01-12-2001 90034 043 ***150.00				
Principal Place of Business 7400 NO. FEDERAL HIGHWAY BOCA RATON FL 33487		Mailing Address 7400 NO. FEDERAL HIGHWAY BOCA RATON FL 33487			70003958				
2. Principal Place 2900 N. Suite, Apt. #,	. Frederal Hwy	3. Mailing Address 2900 N. Fee	deral Hwy	<u>, </u>	DO NOT WRITE IN TH	11010 11201 12101 1			
City & State Boca	Raton, Fil	Boca Rato	n FL	4.	FEI Number 65-0906206	<u> </u>	applied For Not Applicable]	
3343		33431	Country		Certificate of Status Desired	\$8.75 Ac			
	6. Name and Address of Curren	t Hegistered Agent	Name		Name and Address of New negistere	u Agent	· ·	1	
GATSOS, ELAINE M ESQ. 1499 WEST PALMETTO PARK ROAD SUITE 210			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33486		·	City		F	L Zip Co	de	1	
B. The above na	amed entity submits this statement t	or the purpose of changing its	registered office or re	gistered a	agent, or both, in the State of Florida.			1	
9. This corpora	ignature, typed or printed name of registered ager ation is eligible to satisfy its Intangibl quirement and elects to do so.	e FILE NOW!	E: Registered Agent signature		10. Election Campaign Financing	\$5.	00 May Be	_	
(See criteria	on back)	Make Check Payat	ole to Department o	State	Trust Fund Contribution.		ed to Fees		
NAME F	OFFICERS AND D ROTHBERG, JASON 7400 NO. FEDERAL HIGHWAY BOCA RATON FL 33487	D DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	R01 290	MODITIONS/CHANGES TO OFFICERS A MERG, JASON O N. Frederal Hwy Ca Raton, Fil 33	Change		R2E034 (10/00)	
TITLE [NAME (STREET ADDRESS (DP CHOI, YEJIN 9197 RAMBLEWOOD DR #726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ol, YESIN I Black Olive Way marac, Til 333:	rn/	Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ ~		☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
NAME STREET ADDRESS : CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	☐ Change	☐ Addition		
indicated or of the corpo	in this report or supplemental report.	is true and accurate and that n powered to execute this report	ny signature shall hav as required by Chapt	a ine sam	n 119.07(3)(i), Florida Statutes. I further of e legal effect as if made under oath; that orida Statutes; and that my name appear	. I am an onice	er of director]	
SIGNATU	1/2		.::a /	H01	1/5/01 50	1-620	-6200		