2002 UNIFORM BUSINESS REPORT (UBR)								FILED Jan 09, 2002 8:00 am				0371703
DOCUMENT # P99000022818  1. Entity Name BOCA KITCHENS, INC.								Jan 09, 2 Secreta 01-09-2002 9	ry o	f Sta	te	703 AV
Principal Plac 2900 N FEDER BOCA RATON US	RAL HWY			Mailing Address 2900 N FEDERAL HWY BOCA RATON FL 33431 US								
2. Principal P	Place of Busin	ess	3	3. Mailing Address					<b>         </b>	(B(B (1885   1885)		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e			City & State			4	FEI Number <b>65-0906206</b>			plied For t Applicable	7
Zip		Country		Zip	Cour	itry .	5.	. Certificate of Status Desired		\$8.75 Add	litional	
	6. Name	and Address of Cui	rent Reg	jistered Agent			7.	Name and Address of New R			•	1
						Name	-					7
GATSOS, ELAINE M ESQ.						Street A	ddress (P.O.	Box Number is Not Acceptable	1			┨
1499 WES	T PALMETT	o Park Road				5000171	0. 1) 000100	DOX Hambor to Hot Hoodplable	<u>′</u>			]
SUITE 210	•											-
BOCA RATON FL 33486						City		FL Zip Code				
8. The above	named entity	submits this stateme	ent for the	purpose of changing its	register	ed office or	registered a	agent, or both, in the State of Flo	rida.			
SIGNATURE .	_											
	Signature, typed o	or printed name of registered	agent and to	tle if applicable. (NOTE	: Registere	d Agent signati	ure required when	reinstating)	DATE			-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    V				FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
11.		OFFICERS	AND DIR	ECTORS	12.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTORS	SIN 11	]_
NAME STREET ADDRESS		i, Jason Deral Hwy On Fl 33431		☐ Delete						☐ Change	☐ Addition	CR2E034 (9/01
TITLE NAME STREET ADDRESS	DP CHOI, YEJI	N CH OLIVE WAY		☐ Delete			7511 Tam	Black Olive, wac, FL 333.	Jay 21	Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete			Johns		-	Change -	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	NAM STRE	i i				☐ Change	☐ Addition	

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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 impowered 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.

☐ Change

561-395-2630

1/02

☐ Addition

TITLE

NAME

STREET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP