

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000032549**
 1. Entity Name
THE CHEFS CORNER, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 22 PM 5:19

Principal Place of Business Mailing Address
14701 GULF BLVD. 14701 GULF BLVD.
MADERIA BCH FL 33708 MADERIA BCH FL 33708



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3573938** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAUK, MICHAEL W
14701 GULF BLVD.
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete
DPT
HAUK, MICHAEL
14701 GULF BLVD.
MADEIRA BEACH FL 33708
S
BRUSZER, DANIEL
14701 GULF BLVD.
MADEIRA BEACH FL 33708
☐ Delete
☐ Delete
☐ Delete
☐ Delete
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Addition
30000466823
-11/06/01--01052-008
*******550.00 *****550.00**
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
AD

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]* 9-10-01 727-314-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E004 (5/01)