

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90002 032 ***150.00

DOCUMENT # P99000040616

1. Entity Name
JERUSALEM KITCHEN, INC.

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| Principal Place of Business 1355 WEST PALMETTO PARK ROAD SUITE 118 BOCA RATON FL 33486 | Mailing Address 1355 WEST PALMETTO PARK ROAD SUITE 118 BOCA RATON FL 33486-3303 |
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| 2. Principal Place of Business 19635 STATE RD-7 Suite, Apt. #, etc. BAY 49 City & State BOCA RATON, FL Zip 33498 | 3. Mailing Address 19635 STATE RD-7 Suite, Apt. #, etc. BAY 49 City & State BOCA RATON, FL Zip 33498 |
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DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0916161 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 | |
| 7. Name and Address of New Registered Agent Name GILA LEVI Street Address (P.O. Box Number is Not Acceptable) 8596 VIA GIULA City BOCA RATON FL Zip Code 33496 | |

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 **GILA LEVI** DATE **4/15/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD PARATS, MAYER 1355 WEST PALMETTO PARK ROAD BOCA RATON FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURSTEIN, GRETA 1355 WEST PALMETTO PARK ROAD BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **MAYER PARATS** DATE **4/15/00** DAYTIME PHONE # **(561) 470 420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)