

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000070009**

1. Entity Name
THE ORIGINAL HENRY'S KITCHEN, INC.

Principal Place of Business
**5720 PLUNKER ST
HOLLYWOOD FL 330**

Mailing Address
**966 S.W. 180TH TERR.
PEMBROKE PINES FL 33029**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90088 023 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0952541	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, GLORIA
966 S.W. 180TH TERR.
PEMBROKE PINES FL 33029**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature 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)

FILE NOW!!! FEE IS \$150.00

**After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **SANCHEZ, GLORIA**
STREET ADDRESS **966 S.W. 180TH TERR.**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D**
NAME **SANCHEZ, ENRIQUE**
STREET ADDRESS **966 S.W. 180TH TERR.**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

Delete

TITLE
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Change Addition

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Change Addition

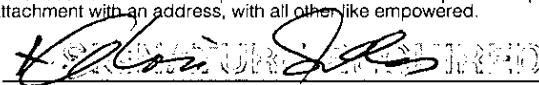
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

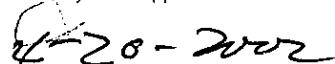
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)