

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90307 032 \*\*\*150.00

DOCUMENT # P99000090767

1. Entity Name  
THE KITCHEN, INC.

Principal Place of Business

1550 BISCAYNE BLVD.  
2ND FLOOR  
MIAMI FL 33132

Mailing Address

1550 BISCAYNE BLVD.  
2ND FLOOR  
MIAMI FL 33132

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0963912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOODY, BENJAMIN	
STREET ADDRESS	404 WASHINGTON AVE., 8TH FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GARCIA, RICHAR	
STREET ADDRESS	404 WASHINGTON AVE., 8TH FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARIZTOY, AMAYA	
STREET ADDRESS	404 WASHINGTON AVE 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAIEK, RALPH	
STREET ADDRESS	404 WASHINGTON AVENUE, 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MOODY, BENJAMIN	
STREET ADDRESS	404 WASHINGTON AVENUE, 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierre Jaspas	
STREET ADDRESS	1550 Biscayne Boulevard, 2nd Fl.	
CITY-ST-ZIP	Miami, FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ariztoy, Amaya	
STREET ADDRESS	404 Washington Avenue, 8th Fl	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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)

Attachment

818019

**CLAXSON**

Legal Department – Privileged & Confidential

#P99000090767

**VIA FEDERAL EXPRESS**

February 1, 2002

MIAMI BEACH

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
ATTN: Uniform Business Report Filings

**RE: UNIFORM BUSINESS REPORTS FOR CLAXSON USA, INC. & THE  
KITCHEN, INC**

Dear Madam/Sir,

Please find enclosed annual Uniform Business Reports for Claxson USA, Inc. and the Kitchen, Inc. with its corresponding checks. Thank you for your attention in this matter.

Sincerely,

**CLAXSON USA, INC.**

  
**ERNESTO A. LUCIANO,**  
Corporate Counsel

cc: Amaya Ariztoy  
Enclosure Checks and Forms

CLAXSON USA, Inc.  
Legal Department  
404 Washington Avenue, 8th Floor  
Miami Beach, Florida, 33139 U.S.A.  
Tel. (305) 894-3500 Fax (305) 894-3606  
eluciano@claxson.com  
www.claxson.com