

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AV

DOCUMENT # P99000090767

1. Entity Name
THE KITCHEN, INC.



03 SEP 10 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1550 BISCAYNE BLVD.
2ND FLOOR
MIAMI FL 33132

Mailing Address
404 WASHINGTON AVE
8TH FLR
MIAMI FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

James A. Bordonaro
Assistant Secretary

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT
NAME GARCIA, RICHAR ☒ Delete
STREET ADDRESS 404 WASHINGTON AVE., 8TH FLOOR
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DT
NAME Paz, Ezequiel ☐ Change ☐ Addition
STREET ADDRESS 404 Washington Ave. 8th Floor
CITY-ST-ZIP Miami Beach, FL 33139

TITLE SD
NAME ARIZTOY, AMAYA ☐ Delete
STREET ADDRESS 404 WASHINGTON AVE 8TH FLOOR
CITY-ST-ZIP MIAMI FL 33139

TITLE
NAME 900022929949 ☐ Change ☐ Addition
STREET ADDRESS 09/10/03--01052--009 **550.00
CITY-ST-ZIP

TITLE D
NAME HAIK, RALPH ☐ Delete
STREET ADDRESS 404 WASHINGTON AVENUE, 8TH FLOOR
CITY-ST-ZIP MIAMI FL 33139

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME PIERRE, JASPER ☐ Delete
STREET ADDRESS 1550 BISCAYNE BLVD 2ND FLR
CITY-ST-ZIP MIAMI FL 33132

TITLE
NAME Jaspas, Pierre ☐ Change ☐ Addition
STREET ADDRESS (misspelled)
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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 (10/02)