

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90352 024 ***150.00

DOCUMENT # L05452

1. Entity Name

CANTON 5 CHINESE RESTAURANT OF PEMBROKE PINES, I

Principal Place of Business

Mailing Address

% ALLAN NG
 220 N UNIVERSITY DR
 PEMBROKE PINES FL 33024

% ALLAN NG
 220 N UNIVERSITY DR
 PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

8005 NW 90 ST

Suite, Apt. #, etc.

Medley, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0164465

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NG, ALLAN
 220 N UNIVERSITY DR
 PEMBROKE PINES FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

8005 NW 90 STREET

City

Medley

FL

Zip Code

33166

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 Delete
 NAME **D NG, ALLAN**
 STREET ADDRESS **220 N UNIVERSITY DR**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SEC BETTY NG**
 STREET ADDRESS **220 N UNIVERSITY DR**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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 #

2/22/01

305 884-6851

CR2E034 (10/00)