

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**  
 07-19-2000 90152 019 \*\*\*150.00

**DOCUMENT # M77176**

1. Entity Name

**CHINA ISLAND CHINESE RESTAURANT, INC.**

*R*

Principal Place of Business

Mailing Address

**13618 STATE ROAD 84  
 DAVIE FL 33325**

**13618 STATE ROAD 84  
 DAVIE FL 33325**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0047207**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

*B0103417*



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZHOU, SHU XIANG  
 13618 STATE ROAD 84  
 DAVIE FL 33325-2301**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Mtn. will be \$750.00**  
**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 **DP**  
 STREET ADDRESS **ZHOU, SHU XIANG**  
 CITY-ST-ZIP **13618 STATE ROAD 84  
 DAVIE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVP**  
 STREET ADDRESS **CHEW, WAI LING**  
 CITY-ST-ZIP **13618 STATE ROAD 84  
 DAVIE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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: **X SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **7/13/2000**  
 Date Daytime Phone #

CR2E034 (5/00)



ATTACHMENT  
M77196  
B2103417  
**CHINA ISLAND**

**CHINESE RESTAURANT**

13618 State Road 84 • Davie, Florida 33325

Phone : (305) 424-1689 • Fax : (305) 424-1687

February 13, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2000 Uniform Business Report

Dear Sir:

I have received your second notice for registration of the 2000 UBR, but never received your initial report. As you can see from your record, I have never sent payment late in the previous years. So please treat this filing as punctual. I am enclosing the \$150.00 check for filing of this report. Thank you.

Sincerely,

Wai Ling Chew