

2001 UNIFORM BUSINESS REPORT (UBR)

02464

DOCUMENT # **93000058670**

1. Entity Name

CHOPSTICKS HOUSE, INC.

00-01 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 14 AM 11:17

Principal Place of Business 9850 ALT. A1A SUITE 503 PALM BEACH GARDENS, FL 33410	Mailing Address 9850 ALT. A1A SUITE 503 PALM BEACH, FL 33410
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2. Principal Place of Business 9850 ATL. A1A Suite, Apt. #, etc. SUITE# 503	3. Mailing Address SAME Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PALM BEACH GARDENS	City & State	4. FEI Number 65-0619970	Applied For <input type="checkbox"/> Not Applicable
Zip FL	Country 33410	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAW, KWAI LAN 9850 ALT. A1A SUITE 503 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name LAW, KWAI LAN Street Address (P.O. Box Number is Not Acceptable) 9850 ALT. A1A SUITE# 503 City PALM BEACH GARDENS FL Zip Code 33410
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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 *Susanna Kwai Lan*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-17-01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, YUN KAM 9850 ALTERNATE A1A, STE 503 PALM BEACH, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAW, SUSANNA KWAI LAN 9850 ALTERNATE A1A, STE 503 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004416740 -06/13/01--01005--016 ***300.00 ***300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susanna Kwai Lan* 4-17-01 561-622 4896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/00)