

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91328 009 ***150.00

DOCUMENT # P95000039427

1. Entity Name

SAN JUAN FOOD CORPORATION

Principal Place of Business

Mailing Address

**9550-32 BAYMEADOWS RD
JACKSONVILLE FL 32226**

**9550-32 BAYMEADOWS RD
JACKSONVILLE FL 32226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3314534**

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

**TSAI, NANCY L
8544 HUNTERS CREEK DR N
JACKSONVILLE FL 32223**

Name

Liu, Jian

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

10904 Grand Trunk Lane

City

Jacksonville

FL

Zip Code

32257

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's 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, 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 NAME	P LIN, JEAN Y	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8530 WALDEN GLEN DR	
CITY - ST - ZIP	JACKSONVILLE FL 32223	
TITLE NAME	VP TSAI, NANCY L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8544 HUNTER'S CREEK DR N	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

TITLE NAME	President Liu, Lian	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10904 Grand Trunk Lane	
CITY - ST - ZIP	Jacksonville, FL 32257	
TITLE NAME	V. President Gui-Ping Hou	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10904 Grand Trunk Lane	
CITY - ST - ZIP	Jacksonville, FL 32257	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Nancy Tsai**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-2001

(904) 730 2468

Date

Daytime Phone #

CR2E034 (10/00)