

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094123

1. Entity Name

ALBERT'S ASIAN BISTRO OF HOLIDAY, INC.

Principal Place of Business

2819 US 19
HOLIDAY FL 34691

Mailing Address

2819 US 19
HOLIDAY FL 34691

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CHOY, CHAN

4809 B EHRILCH RD.
TAMPA FL 33624

7. Name and Address of New Registered Agent

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 12, 2001 Fee 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

TITLE ☐ Delete
NAME DP
STREET ADDRESS CHOY, CHAN C
CITY-ST-ZIP 2819 US 19
HOLIDAY FL 34691

TITLE ☐ Delete
NAME DV
STREET ADDRESS CHOI, TAK C
CITY-ST-ZIP 2819 US 19
HOLIDAY FL 34691

TITLE ☐ Delete
NAME DS
STREET ADDRESS CHOI, YUET N
CITY-ST-ZIP 2819 US 19
HOLIDAY FL 34691

TITLE ☐ Delete
NAME D
STREET ADDRESS CHOY, WAI C
CITY-ST-ZIP 2819 US 19
HOLIDAY FL 34691

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 200004729282--4
STREET ADDRESS -12/17/01--01085--020
CITY-ST-ZIP ****750.00 ****750.00

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

TITLE ☐ Change ☐ Addition
NAME 800000695728--0
STREET ADDRESS -12/17/01--01083--011
CITY-ST-ZIP ****750.00 ****750.00

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATE

01 DEC 10 AM 10:28



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3673384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required