

2005
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90072 037 ***150.00

DOCUMENT # 411132

1. Entity Name

SUNG HEE RESTAURANT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4830 U.S. Hwy 19

3. Mailing Address

4830 U.S. Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL.

City & State

NEW PORT RICHEY, FL.

4. FEI Number

59-1470345

Applied For

Not Applicable

Zip

34652

Country

PASCO

Zip

34652

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MUI, CHUCK H

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

5647 DECATUR DRIVE

City

NEW PORT RICHEY

FL

Zip Code

34652

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MUI, CHUCK H PRESIDENT
5647 DECATUR DR.
NEW PORT RICHEY, FL. 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHUCK H. MUI PRES.

Date

3-15-05

Daytime Phone #

CR2E034B (12/02)