

2000 UNIFORM BUSINESS REPORT (UBR)

4/4

FILED
May 15, 2000 8:00 am
Secretary of State

04-04-2000 90043 015 ***150.00

DOCUMENT # 634963

1. Entity Name

CHOW, INC.

Principal Place of Business

Mailing Address

**3128 MERLIN DRIVE, N.
JACKSONVILLE FL 32257
US**

**3128 MERLIN DRIVE, N.
JACKSONVILLE FL 32257-5830
US**

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

DO NOT WRITE IN THIS SPACE

59-2002052

APPLIED FOR

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

**ROTHSTEIN, SIMON D.
4417 BEACH BLVD.
JACKSONVILLE FL 32207**

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 \$150.00
After MAY 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	CHOW, IVAN DAH-WA	
STREET ADDRESS	3128 MERLIN DRIVE, N.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CHOW, ELLEN Y	
STREET ADDRESS	3128 MERLIN DRIVE, N.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHOW, ALEXANDER	
STREET ADDRESS	11208 CHESTER LAKE RD., W.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHOW, CATHERINE	
STREET ADDRESS	3128 MERLIN DRIVE, N.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *IVAN DAH-WA CHOW* **Mar 6 2000** **904-260-4681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)