

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
 02-21-2000 90026 009 ***150.00

DOCUMENT # 637004

1. Entity Name
MING TREE RESTAURANT, INC.

Principal Place of Business Mailing Address
 4521 DEL PRADO BLVD. 4521 DEL PRADO BLVD.
 CAPE CORAL FL 33904 CAPE CORAL FL 33904-7442

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 Applied For
59-1933165 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHUNG, PAU CHIN CHOU
1326 SE 21ST STREET
CAPE CORAL FL 33904

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 \$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	
TITLE	P <input type="checkbox"/> Delete
NAME	CHUNG, PAU CHIN
STREET ADDRESS	1326 SE 21ST STREET
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D <input type="checkbox"/> Delete
NAME	CHUNG, GIP "JIMMY"
STREET ADDRESS	1326 SE 21ST STREET
CITY-ST-ZIP	CAPE CORAL FL
TITLE	VP- <input type="checkbox"/> Delete
NAME	HUNG, TUAN K
STREET ADDRESS	4520 DEL PRADO BLVD
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	S <input type="checkbox"/> Delete
NAME	CHOU, CHIN PIAO
STREET ADDRESS	4520 DEL PRADO BLVD
CITY-ST-ZIP	CAPE CORAL FL
TITLE	T <input type="checkbox"/> Delete
NAME	CHOU, MICHELLE LIN
STREET ADDRESS	4520 DEL PRADO BLVD
CITY-ST-ZIP	CAPE CORAL FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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	

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:  2-1400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)