

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90061 027 ***150.00

DOCUMENT # 693717

1. Entity Name

O.K. CHANG CHINESE RESTAURANT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2404 SW 107 AVE

3. Mailing Address

18999 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

City & State

MIAMI, FL

City & State

AVENTURA FL

Zip

33165

Country

Zip

33180

Country

4. FEI Number

59-2137550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CHAN, VEE MEN

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

2404 SW 107 AVE

City

MIAMI

FL

Zip Code

33165

**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.

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD
NAME VEE-MEN, CHAN
STREET ADDRESS 2404 SW 107 AVE
CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME CHAN VEE MEN
STREET ADDRESS 2404 SW 107 AVE
CITY-ST-ZIP MIAMI, FL 33165

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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 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 #

CR2E034B (12/01)