

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90002 019 ***150.00
 03-15-2000 90106 033 *****5.00

DOCUMENT # F79834

1. Entity Name

CHANG'S PEKING HOUSE, INC.

Principal Place of Business

1022 S.W. PINE AVE.
 OCALA FL 34474
 US

Mailing Address

1022 S.W. PINE AVE.
 OCALA FL 34474-4295
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2193786**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHANG, TIM C.
3230 SE 31ST STREET
PO BOX 4671
OCALA FL 32670

7. Name and Address of New Registered Agent

Name **CHANG, TIM C.**
 Street Address (P.O. Box Number is Not Acceptable)
1022 S.W. PINE AVE
PO BOX 4671
 City **OCALA** FL Zip Code **34474**

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

TIM C. CHANG

4-26-00

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	D	<input type="checkbox"/> Delete
NAME	CHANG, PING SHEN	
STREET ADDRESS	1022 SW PINE AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHANG, SHU-C.	
STREET ADDRESS	3230 SE 31ST STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	SM	<input checked="" type="checkbox"/> Delete
NAME	CHANG, C. L.	
STREET ADDRESS	3230 SE 31ST STREET	
CITY-ST-ZIP	OCALA FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1022 SW PINE AVE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1022 S.W. PINE AVE	
CITY-ST-ZIP	OCALA, FL 34474	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ping Shen Chang **PING SHEN CHANG** **Pres.** **2-11-2000** **352-732-7530**

CR2E034 (9/99)