2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003468 Jan 27, 2000 8:00 am Secretary of State ASIA RESTAURANT AT KEY WEST, INC. 01-27-2000 90035 009 ***150.00 Principal Place of Business Mailing Address 221 DUVAL ST. 221 DUVAL ST. KEY WEST FL 33040 KEY WEST FL 33040-6507 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0337846 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HO, FENG JER Street Address (P.O. Box Number is Not Acceptable) 221 DUVAL ST. KEY WEST FL 33040 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME KO, STEVE STREET ADDRESS STREET ADDRESS 221 DUVAL ST. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 Change Addition **DVCS** ☐ Delete TITLE KO, LILY NAME STREET ADDRESS STREET ADDRESS 221 DUVAL ST. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ____ HO, FENG JER NAME -STREET ADDRESS STREET ADDRESS 221 DUVAL ST. CITY-ST-ZIP CITY-ST-7IP KEY WEST FL 33040 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KO, LILY STREET ADDRESS STREET ADDRESS 221 DUVAL ST. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

/18/2000

305-292-0090

☐ Change

☐ Addition

FILED

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