## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#** G42002

1. Entity Name

CHAN BROTHERS, INC.

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	VE VE 185

**FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90229 021 \*\*\*150.00

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Surie, Apt. #. sic.   City & State	8934 STATE	RD. 84	S	8934 STA	NTE RD. 84							<b>1</b> 11 <b>0</b> 1 <b>110</b> 11 <b>1</b>		
City & State  Country  Country  Country  Country  S. Certificate of Status Desired  S. Catificate of Status Desired  See Required  For Required  For Required  Stroot Address of New Registered Agent  Name  CHAN, YIU C  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of New Registered Agent  Date  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  Date  Stroot Address of Po. Box Number is Not Acceptable)  Date  Stroot Address of Po. Box Number is Not Acceptable)  Date  Stroot Address of Po. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address of Po. Box Number is Not Acceptable)  Date  Stroot Address of Po. Box Number is Not Acceptable)  Date  Stroot Address of Po. Box Number is Not Acceptable)  Date  Stroot Address of Po. Box Number is Not Acceptable)  City  Stroot Address of Po. Box Number is Not Acceptable)  Date  Stroot Address of Po. Box Number is Not Acceptable)  City  Stroot Address of Po. Box Number is Not Acceptable)  City  Stroot Address of Po. Box	2. Principal F	Place of Busin	ness	3. Mailing	Address									
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Zip Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required Fee Requir	City & Stat	te		City & S	City & State				4. FEI Number Applied For					
S. Name and Address of Current Registered Agent   Nikme   Nikme   CHAN, YIU C   10503 NW 7 ST   PLANTATION FL 33324   City   FL   Zip Code	Zip		Country	Zip		Coun	try		5. Certificate				<b>\$8.75</b> Ad	ditional
CHAN, YIU C 10503 NW 7 ST PLANTATION FL 33324    City   FL   Zip Code	<del></del>	6 Name	and Address of Curren	t Registered A					7 Nama and	Address	f Now Do	mintarad .		20
10503 NW 7 ST PLANTATION FL 33324  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. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Signature, types or primary or registered agent.  FILE NOW!!! FEE IS S150.00  After May 1, 2003 Fee will be \$550.00  After M			and Address of Carret	it negistered A	igent		Name		. Name and	, Address C	i New ne	gistered	Agent	
PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the colligations of registered agent, or both, in the State of Florida. I am familiar with, and act statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act statement for the purpose of changing its registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and act statement for the purpose of changing its registered agent, or registered agent,						•	Street Ac	ddress (P.C	). Box Numbe	er is Not Ac	eptable)			
8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent.  SIGNATURE  Signature, typical or printed name of registered agent and the 4 applicable.  PILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  ITILE 4  VD  TITLE 4  VD  TITLE 5  VD  TITLE 5  TITLE 1000 IN IN THE ST. DEPARTMENT OF STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE STREET ADDRESS CITY-ST-2P  TITLE 1000 IN W 7TH ST. PLANTATION FL  STREET ADDRESS CITY-ST-2P  TITLE 1000 IN IN THE ST. DELete IN THE STREET ADDRESS CITY-ST-2P  TITLE 1000 IN IN THE ST. DELete INTER ADDRESS CITY-ST-2P  TITLE 1000 IN IN THE ST. DELete INTER ADDRESS CITY-ST-2P  TITLE 1000 IN IN THE ST. DELete INTER ADDRESS CITY-ST-2P  TITLE 1000 IN IN THE ST. DELete INTER ADDRESS CITY-ST-2P  TITLE 1000 IN IN THE ST. DELete INTER ADDRESS CITY-ST-2P  TITLE 1000 IN IN THE ST. DELete INTER ADDRESS CITY-ST-2P  TITLE 1000 IN IN THE ST. DELete INTER 1000 IN I			24					•						
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FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	the obligat	e named entit tions of regist	y submits this statement ered agent.	for the purpose	of changing its r	egistere	ed office or	registered	agent, or bot	th, in the Sta	te of Flori	da. I am	familiar with,	and accept
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if applicab	e. (NOTE:	Registered	Agent signatu	re required whe	en reinstating)		."	DATE	-	
VD	After Make Check	r May 1, 200 k Payable to	3 Fee will be \$550.00 Florida Department	of State	no me a remane - no communio - no fer di a proteco	J-20446 \*-	ornam n.g glyss (174)stably	· Springer of the State of		st Fund Co	ntribution.	ے ت		
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: