

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G51013

1. Entity Name

PEKING GARDEN DAYTONA, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-17-2000 90945 028 ***150.00

Principal Place of Business 204 N. NOVA ROAD DAYTONA BEACH FL 32114-3444	Mailing Address 204 N. NOVA ROAD DAYTONA BEACH FL 32114-3444
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2333954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIU, CHAN-ER 204 N. NOVA ROAD DAYTONA BEACH FL 32114	7. Name and Address of New Registered Agent Name: <u>Jian Ping Wang</u> Street Address (P.O. Box Number is Not Acceptable): <u>644 Segovia Road</u> City: <u>ST Augustine</u> FL Zip Code: <u>32086</u>
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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: Jian Ping Wang (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>LIU, CHAN-ER</u> <u>740 WHITE ST</u> <u>DAYTONA BEACH FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Jian Ping Wang</u> <u>644 Segovia Road</u> <u>ST. Augustine FL</u> <u>32086</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jian Ping Wang SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jian Ping Wang 4-26-00 Date

CR2E034 (9/99)