

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H05769

Entity Name

NEW YORK TEA GARDEN, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90183 001 ***150.00

| | | | |
|--|---------|---|---------|
| Principal Place of Business 1710 SOUTH CONGRESS AVENUE PALM SPRINGS, FLORIDA 33461 | | Mailing Address 1710 SOUTH CONGRESS AVENUE PALM SPRINGS, FLORIDA 33461-2140 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-2407280 | 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

7. Name and Address of New Registered Agent

| | | |
|--|--|----------|
| NGAI, TOM 1710 SOUTH CONGRESS AVE. PALM SPRINGS FL 33461 | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | 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.

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) ☐

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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---|---------------------------------|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NGAI, TOM 6709 EGRET NEST LANE WEST PALM BEACH FL | <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 | V NGAI, ANNA 6709 EGRET NEST LANE WEST PALM BEACH FL | <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 | T NGAI, JOE 8132 D SEDGEQICK CT. WEST PALM BEACH FL | <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 | S NGAI, WINNEY 6709 EGRET NEST LANE WEST PALM BEACH FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 #

3-20-00 361-969-6165

CR2E034 (9/99)