

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90112 046 ***150.00

0297982

DOCUMENT # H84996

1. Entity Name
BOB YEE'S CHINESE FOOD, INC.

Principal Place of Business Mailing Address
~~531 S. MAIN ST.~~ ~~531 S. MAIN ST.~~
~~BELLE GLADE FL 33430~~ ~~BELLE GLADE FL 33430~~

00009555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1031 WESTCHESTER DR E **1031 WESTCHESTER DRIVE EAST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WEST PALM BEACH, FL **WEST PALM BEACH, FL**

4. FEI Number Applied For
59-2618038 Not Applicable

Zip Country Zip Country
33417 **PALM Bch** **33417** **PALM BEACH**

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

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

YEE, BOBBY FRANK
~~531 S. MAIN ST.~~
~~BELLE GLADE FL 33430~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
1031 WESTCHESTER DRIVE EAST
 City State Zip Code
WEST PALM BEACH **FL** **33417**

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: DATE: **1-19-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PST YEE, BOBBY FRANK 1031 WESTCHESTER DR. E. 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	D YEE, BOBBY FRANK 1031 WESTCHESTER DR. E. 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Date: **1-19-01** Daytime Phone #: **561-687-3459**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)