2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2000 8:00 am **DOCUMENT # H90272** Secretary of State SING KONG CHINESE RESTAURANT, INC. 03-02-2000 90008 031 ***150.00 Mailing Address Principal Place of Business 13422 U.S. 19 ---- U.S. 19 HUDSON FL 34667 ____ FL 34667 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-8692239 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUI. KWONG MOY Street Address (P.O. Box Number is Not Acceptable) 13616 MORNING COURT HUDSON FL 34667 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 d title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD Change Addition Delete TITLE TITLE HUI, KWONG MOY NAME 13616 MORNING COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HUDSON FL** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE HUI. VIVIAN Y. NAME NAME 13616 MORNING COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL** Change ☐ Addition TITLE ☐ Delete ----TITLE YUEN, CALVIN YUEN, CALVIN 7038 GULF BREEZE DR NAME NAME 13616 MORNING COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 CITY-ST-ZIP **HUDSON FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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-ZIP

TITLE

name Street address

SIGNATURE:

TITLE

STREET ADDRESS

SINGLE AND THE DOTAL PARTY OF SIGNING OFFICER OR DIRECTOR MOY HUI PRESIDENT

☐ Delete

Daytime Phone #

Change

Addition