FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # H90272** 1. Entity Name SING KONG CHINESE RESTAURANT, INC. 04-10-2001 90094 007 ***150.00 Principal Place of Business Mailing Address 13422 U.S. 19 13422 U.S. 19 HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-8692239 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUI, KWONG MOY Street Address (P.O. Box Number is Not Acceptable) .13616 MORNING COURT HUDSON FL 34667 City 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) FILE NOW!!! FEE IS \$150.00 > 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE TITLE ☐ Delete HUI, KWONG MOY NAME NAME 13616 MORNING COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL** Change ☐ Addition TITLE Delete TITLE HUI, VIVIAN Y. NAME NAME 13616 MORNING COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL** ۷Ď ☐ Change Addition TITLE TITLE Delete YUEN, CALVIN NAME NAME 7038 GULF BREEZE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL 34667** Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

KWONG MOY HUI

PRESIDENT

3/30/2001