

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H91399

1. Entity Name  
**PAN YE'S RESTAURANT, INC.**

Principal Place of Business

743 E MEMORIAL BLVD  
LAKELAND FL 33801  
US

Mailing Address

743 E MEMORIAL BLVD  
LAKELAND FL 33801  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CHAR, KAI SHING  
2329 CRYSTAL PARK N  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name  
**KEVIN CHAR**

Street Address (P.O. Box Number is Not Acceptable)  
**2329 CRYSTAL PARK N**

**Lakeland FL**

City

Zip Code

**33801**

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 the 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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CHAR, KAI SHING  
2329 CRYSTAL PARK N  
LAKELAND FL 33801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
CHAR, MUMU SHING  
2329 CRYSTAL PARK  
LAKELAND FL 33801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KEVIN CHAR** ☒ Change ☐ Addition  
**2329 CRYSTAL PARK N**  
**Lakeland, FL, 33801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FARRAH CHAR** ☒ Change ☐ Addition  
**2329 CRYSTAL PARK N**  
**Lakeland, FL, 33801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

**Kevin Char**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-6-01 863-486-2052**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90143 020 \*\*\*150.00

**00033931**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2635925** Applied For ☐  
Not Applied ☐

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

CR2E034 (10/00)