

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
 04-11-2002 90076 005 ***150.00

0077468 AV

DOCUMENT # J53424

1. Entity Name

KUMQUAT TREE, INCORPORATED

Principal Place of Business

Mailing Address

% KUMQUAT TREE CHINESE RESTAURANT
 3705 LAKE EMMA RD.
 LAKE MARY FL 32746

% KUMQUAT TREE CHINESE RESTAURANT
 3705 LAKE EMMA RD.
 LAKE MARY FL 32746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3005 W. Lake Mary Blvd
 Suite 108

282 Lakebreeze Cir
 Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

Seminole

Zip

32746

Country

Seminole

4. FEI Number

59-2762931

Applied For

Not Applicable

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

LAU, KWOK YU
 3705 LAKE EMMA RD
 LAKE MARY FL 32746

Name: Lau, Kwok Yu
 Street Address (P.O. Box Number is Not Acceptable)
 282 Lakebreeze Cir
 City: Lake Mary FL Zip Code: 32746

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

Kwok Yu Lau

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	LAU, KWOK YU	
STREET ADDRESS	282 LAKEBREEZE CIR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LAU, PUI MEI	
STREET ADDRESS	282 LAKEBREEZE CIR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 #

Kwok Yu Lau

1/15/02 407-330-7337

CR2E034 (9/01)