2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

1. Entity Name SKY ASSOCIATES, INC.



J94791

Principal Place of Business Mailing Address D/B/A/ PEKING TOKYO RESTAURANT D/B/A/ PEKING TOKYO RESTAURANT 2874 UNIVERSITY DR. 2874 UNIVERSITY OR. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For APPLIED FOR 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 SHEN, JEN-WANG Street Address (P.O. Box Number is Not Acceptable) 2874 UNIVERSITY DR CORAL SPRINGS FL 33065 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90330 047 ***150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete SHEN, CHI-CHANG 1840 NW 124 WAY CORAL SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete SHEN, JEN-WANG 1840 NW 124 WAY CORAL SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.