

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69307

1. Entity Name

HONG CHINESE FOOD, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90113 039 ***158.00

Principal Place of Business

% KE-JSUNG HONG
3540 U.S. 27 SOUTH
SEBRING FL 33872
US

Mailing Address

% KE-JSUNG HONG
1300 FIFTH AVE
SEBRING FL 33872-4912
US

2. Principal Place of Business

801 N Scenic Hwy
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Frostproof FL

City & State

Zip

Country

33843

Polk

Zip

Country

4. FEI Number

59-2930680

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

HONG, KE-JSUNG
1300 FIFTH AVE
SEBRING FL 33872

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	HONG, KE-JSUNG	
STREET ADDRESS	1300 FIFTH AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	HONG, MEI-KING	
STREET ADDRESS	1300 FIFTH AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/29/2000/

Date

863-635-6688

Daytime Phone #

CR2E034 (9/99)