

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90604 027 ***150.00

DOCUMENT # **K69307**

1. Entity Name
HONG CHINESE FOOD, INC.



| | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business % KE-JSUNG HONG 801 N. SCENIC HWY FROSTPROOF FL 33843 US | Mailing Address % KE-JSUNG HONG 1300 FIFTH AVE SEBRING FL 33870 US |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|



| | |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

CHECK HERE IF MAKING CHANGES

| | | | |
|--------------|--------------|------------------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number 59-2930680 | Applied For <input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--------------------------------------------------------|

| | | | | |
|-----|---------|-----|---------|----------------------------------------------------------------------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|----------------------------------------------------------------------------------------------------|

6. Name and Address of Current Registered Agent

**HONG, KE-JSUNG
1300 FIFTH AVE
SEBRING FL 33872**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete HONG, KE-JSUNG 1300 FIFTH AVE SEBRING FL 33872 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete HONG, MEI-KING 1300 FIFTH AVE SEBRING FL 33872 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: MANUFARE REQUIRED owner 1/14/03 863-635-6688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)