

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K74104

1. Entity Name

OCEAN CHINESE FOOD TAKE-OUT, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90052 044 \*\*\*155.00

Principal Place of Business

1034 N.W. 10 AVE.  
FT. LAUDERDALE FL 33311

Mailing Address

1034 N.W. 10 AVE.  
FT. LAUDERDALE FL 33311-6137

2. Principal Place of Business

1034 N.W. 10 AVE  
Suite, Apt. #, etc.

3. Mailing Address

1034 N.W. 10 AVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. Lauderdale FL  
Zip 33311 Country

City & State

FT. Lauderdale FL  
Zip 33311 Country Broward

4. FEI Number

65-0107082

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

CHOW, PUI FUN  
1034 N.W. 10 AVE.  
FT. LAUDERDALE FL 33311

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 P  
NAME CHOW, PUI FUN  
STREET ADDRESS 4112 N.W. 73 AVE.  
CITY-ST-ZIP CORAL SPRINGS FL 33311

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME CHOW, PO-HONG  
STREET ADDRESS 4112 NW 73RD AV  
CITY-ST-ZIP CORAL SPRINGS FL 33311

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

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:

*Pui Fun Chow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00  
Date

Daytime Phone #

CR2E034 (9/99)