2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered

Jul 17, 2002 8:00 am Secretary of State K79550 DOCUMENT # 1. Entity Name 07-17-2002 90141 040 ***150.00 CHINA JEWEL RESTAURANT, CORP. Principal Place of Business Mailing Address 5435 NO STATE RD 7 5435 NO STATE RD 7 TAMARAC FL 33319 TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0111339 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **POON YAN YEE** Street Address (P.O. Box Number is Not Acceptable) 1627 VAN BUREN ST HOLLYWOOD FL 33020 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition POON, YAN YEE NAME NAME 1627 VAN BUREN ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change Addition POON, KIT BING NAME 1627 VAN BUREN STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-7IP TITLE SD ☐ Delete TITLE Change Addition NAME POON, TOMMY: NAME STREET ADDRESS 1627-VAN BUREN STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

Attachment 675160 47K19550

CHINA JEWEL RESTAURANT CORP 5435 NORTH STATE ROAD 7 TAMARAC, FLORIDA 33319

July 11, 2002

Florida Department of State
Division of Corporation ----

Re: K79550 UBR

Dear Officer:

I sent you the UBR on 1/12/02 along with check #3966 in the amount of \$150.00. It looks like the mail was lost. The attachments are intended to prove our original mailing.

Please allow us to renew without penalty.

Thank you!

Sincerely,

Yan Yee Poon, President

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2002	2 UNIFORM BUSI	SS REPO	RT	(UBR)	- Affachment		
DOCU 1. Entity Nan	MENT# K7955	0/678	16	O	Morrenmen		
	ce of Business	Mailing Address		-			
S435 NO STA TAMARAC FL US		5435 NO STATE RD 7 TAMARAC FL 33319 US					
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	e	City & State	/ & State		4. FEI Number		
Zip	Country	Zip Country		ry	65-0111339 Not Applica		
	6. Name and Address of Current R	legistered Agent			Fee Required		
		Agont Agont		Name	7. Name and Address of New Registered Agent		
POON YA	in yee Buren st	وريني منوسد بيندانين الدا		Street Address (P.O. Box Number is Not Acceptable)			
	OOD FL 33020						
				City	FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its r	registere	ed office or regis	stered agent, or both, in the State of Florida.		
SIGNATURE.							
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!			DATE William reinstating) DATE		
(See criter	requirement and elects to do so.	After May 1, 200 Make Check Payabi	2 Fee v	will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
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of the corp	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	vered to execute this report a	the exem y signatu s require	nption stated in Sure shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or directo 607, Florida Statutes; and that my name appears in Block 11 or Block 12		
SIGNAT	URE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OF	A DIRECTO	AN YE	E POON B (954) 739 - 988		