## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jan 31, 2001 8:00 am **DOCUMENT # L05265 Secretary of State** BIG EASY CAJUN AT BOSTON, INC. 01-31-2001 90261 043 \*\*\*150.00 Principal Place of Business Mailing Address 9446 PHILLIPS HWY. 9446 PHILLIPS HWY. SUITE 8 SUITE 8 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2960775 Not Applicable Country Zip 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 POYEN, KUNG O. Box Nortber is Not Acceptable -7411 FULLERTON ST. STE 204 --JACKSONVILLE FL 32256 City Zip Code FL 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, typed or printed nar ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVPT TITLE ☐ Delete TITLE NAME YEN, KUNG-TI NAME 9446 Philips Huy # 8 STREET ADDRESS STREET ADDRESS 10300 SOUTHSIDE BLD #305 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE TITLE □ Change Delete □ Addition 9446 Philips Huy # 8 NAME YEN, KUNG-PO NAME STREET ADDRESS STREET ADDRESS 10300 SOUTHSIDE BLD #305 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

KUN**G-PO Y**EN PR**ESIDEN**T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR