

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-22-2001 90064 030 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M11678			
1. Entity Name SAM MEI CORPORATION			
Principal Place of Business CHINA HOUSE RESTAURANT 1886 E 4TH AVE HIALEAH FL 33010		Mailing Address 610 E 18 ST. HIALEAH FL 33013	
2. Principal Place of Business 1886 E 4TH AVE.		3. Mailing Address 610 E 18 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH		City & State HIALEAH FL	
4. FEI Number 65-0383763		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip FL	Country U.S.A	Zip 33013	Country U.S.A
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Chau Sam 610 East 18 Street Hialeah FL 33013		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <u><i>Sam Chau</i></u>		DATE <u>6-13-2001</u>	
Signature, typed or printed name of registered agent and use if applicable.		(NOTE: Registered Agent signature required when re-registering)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001, Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT OF SAM MEI CORP. <input type="checkbox"/> Delete SAM CHAU 610 E 18 ST HIALEAH FL U.S.A	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Sam Chau</i></u> SAM CHAU		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-01	305-885-3135

CR2E034 (11/00)