

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.

City & State **HIALEAH** City & State **HIALEAH FL**

4. FEI Number **65-0383763** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **FL** Country **U.S.A** Zip **33013** Country **U.S.A**

10196

DO NOT WRITE IN THIS SPACE

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
 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 *Sam Chau* DATE 6-13-2001
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. **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. **\$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
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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CR2E034 (1/00)

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: *Sam Chau* **SAM CHAU** 4-26-01 305-885-3135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #