

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90061 030 \*\*\*150.00

**DOCUMENT # M83679**

1. Entity Name  
**NEW CHINA RESTAURANT, INC.**



Principal Place of Business  
**% MAI LE AUYEUNG**  
**646 ELMWOOD DR.**  
**WINTER SPRINGS FL 32708**

Mailing Address  
**% MAI LE AUYEUNG**  
**646 ELMWOOD DR.**  
**WINTER SPRINGS FL 32708**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**MAI LE AUYEUNG**  
Suite, Apt. #, etc.  
**4626 JETTY STREET**

**4626 JETTY STREET**  
Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

Zip  
**32817**

Country

Zip

**32817**

Country

4. FEI Number **59-2896673**

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

**AUYEUNG, MAI LE**  
**646 ELMWOOD DR.**  
**WINTER SPRINGS FL 32708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mai Le Auyeung*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION	
	<b>D</b>	<b>AUYEUNG, WING CHEONG</b>	<b>646 ELMWOOD DR.</b>	<b>WINTER SPRINGS FL</b>	<input checked="" type="checkbox"/>	<b>P. D.</b>	<b>AUYEUNG, WING CHEONG</b>	<b>4626 JETTY ST</b>	<b>ORLANDO, FL 32817</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>AUYEUNG, MAI LE</b>	<b>646 ELMWOOD DR.</b>	<b>WINTER SPRINGS FL</b>	<input checked="" type="checkbox"/>	<b>SD</b>	<b>AUYEUNG, MAI LE</b>	<b>4626 JETTY ST</b>	<b>ORLANDO, FL 32817</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mai Le Auyeung*

**AUYEUNG, MAI LE, PRES.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-3-03**  
Date

**407-830-7228**  
Daytime Phone #