

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000124

1. Entity Name

MR. CHAN RESTAURANT, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90181 012 \*\*\*150.00

Principal Place of Business

550614 14TH ST W  
BRADENTON FL 34207  
US

Mailing Address

550614 14TH ST W  
BRADENTON FL 34207  
US

**C0011339**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5506 - 14TH ST. WEST

3. Mailing Address

5506 - 14TH ST. WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number **APPLIED FOR**  
**65-0970987**

Applied For

Not Applicable

Zip  
34207

Country

MANATEE

Zip  
34207

Country

MANATEE

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

STEPHEN F. VOIGT, P.A.  
2414 BEE RIDGE RD.  
SARASOTA FL 34239

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

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  
Tax filing requirement and elects to do so.  
(See criteria on back)



**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	<b>P</b> <b>UU, HAI H</b> <b>2060 HIBISCUS ST</b> <b>SARASOTA FL 34239</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NEUYEN, TONG V</b> <b>2060 HIBISCUS ST</b> <b>SARASOTA FL 34239</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NEUYEN, THIND-V</b> <b>2970 S SHADE AVE</b> <b>SARASOTA FL 34239</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)