

**\*2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000012558**

1. Entity Name

**PANDA KITCHEN, INC.****FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90146 029 \*\*\*150.00

0130263

Principal Place of Business

**3468 NW 112TH TERR.  
CORAL SPRINGS FL 33065**

Mailing Address

**3468 NW 112TH TERR.  
CORAL SPRINGS FL 33065****00048772**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6516 W. ATLANTIC BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**6516 W. ATLANTIC BLVD**

Suite, Apt. #, etc.

City &amp; State

**MARGATE, FL 33063**

Zip

Country

City &amp; State

**MARGATE, FL 33063**

Zip

Country

4. FEI Number

**65-1008852**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**YEUNG, KAM YIU  
3468 NW 112TH TERR.  
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

**YEUNG, KAM YIU**

Street Address (P.O. Box Number is Not Acceptable)

**6516 W. ATLANTIC BLVD**

City

**MARGATE****FL**Zip Code  
**33063**

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

*X Kam Yiu Yeung* **KAM YIU YEUNG, PRESIDENT** **4/26/01**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>YEUNG, KAM YIU</b>			
	<b>3468 NW 112TH TERR.</b>			
	<b>CORAL SPRINGS FL 33065</b>			

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"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P</b>				
	<b>YEUNG, KAM YIU</b>				
	<b>6516 W. ATLANTIC BLVD</b>				
	<b>MARGATE, FL 33063</b>				

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"/> Change	<input type="checkbox"/> Addition

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"/> Change	<input type="checkbox"/> Addition

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:

*X Kam Yiu Yeung* **KAM YIU YEUNG, PRESIDENT** **4/26/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/00)