

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90026 047 ***150.00

DOCUMENT # P00000012882**1. Entity Name**
A MUOI INCORPORATION, INC.**Principal Place of Business****657 N. PRIMROSE DRIVE**
ORLANDO FL 32803**Mailing Address****657 N. PRIMROSE DRIVE**
ORLANDO FL 32803**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3629620**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****HO, CUONG**
6301 HUNTSVILLE ST.
ORLANDO FL 32819

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**

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **P** ☐ Delete
NAME **HO, CUONG**
STREET ADDRESS **657 N. PRIMROSE DR**
CITY-ST-ZIP **ORLANDO FL 32803****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **M** ☐ Delete
NAME **QUINN, MARY**
STREET ADDRESS **657 N. PRIMROSE DR**
CITY-ST-ZIP **ORLANDO FL 32803****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/02 **407 896 0709**

CR2E034 (4/02)

4.5.9

Attachment

#P0000001280

Gourmet Chinese Restaurant

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

8/08/02

Dear Sir or Madam:

I would like to inform you that this is the first notice I received. I hope the late fee can be waived.

I regret I didn't receive the prior notice, which caused such an inconvenience to both of us.

Sincerely yours,

Coung Ho



President

