

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021317

1. Entity Name

HOUSE OF YAN & CHEN, INC.

**FILED**  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90025 018 \*\*\*150.00

Principal Place of Business

3189 SW 24TH TERR.  
MIAMI FL 33145

Mailing Address

3189 SW 24TH TERR.  
MIAMI FL 33145

00010003

2. Principal Place of Business

**Restaurant**  
Suite, Apt. #, etc.  
1351 A ST. LUCIE W Blvd  
City & State  
Port St. Lucie

3. Mailing Address

**Ming F. Chen**  
Suite, Apt. #, etc.  
1351 A ST. LUCIE W Blvd  
City & State  
Port St. Lucie



DO NOT WRITE IN THIS SPACE

Zip  
34986

Country  
U.S.A.

Zip  
34986

Country  
U.S.A.

4. FEI Number

65-0994023

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEN, MING FENG  
3189 SW 24TH TERR.  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name  
**Same**  
Street Address (P.O. Box Number is Not Acceptable)  
1351 A ST. LUCIE WEST Blvd  
City  
Port St. Lucie FL Zip Code  
34986

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 *Ming Feng Chen*  
Signature, typed or printed name of registered agent and title if applicable.

*Ming Feng Chen*  
(NOTE: Registered Agent signature required when reinstating)

2/2/01  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, MING FENG	
STREET ADDRESS	3189 SW 24TH TERR.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, YUK Y	
STREET ADDRESS	3189 SW 24TH TERR.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5496 NW Evanston Ave	
STREET ADDRESS	Port St. Lucie, FL	
CITY-ST-ZIP	34983	
TITLE	S-T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5496 N.W. Evanston Ave	
STREET ADDRESS	Port St. Lucie, FL	
CITY-ST-ZIP	34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ming Feng Chen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01  
Date

Daytime Phone #

CR2E034 (10/00)