

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031919

1. Entity Name

SAR REGENCY FOOD INC.

Principal Place of Business

6950 CYPRESS RD., #208-15
PLANTATION FL 33317

Mailing Address

6950 CYPRESS RD., #208-15
PLANTATION FL 33317

2. Principal Place of Business

SARKU JAPAN, REGENCY SQUARE

3. Mailing Address

95 ROYAL CREST COURT, UNIT 3

Suite, Apt. #, etc.

FC-7, 9501 ARLINGTON EXPRESSWAY

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

MARKHAM, ONTARIO

Zip

32225

Country

USA

Zip

L3R 9X5

Country

CANADA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANG, MING C

6950 CYPRESS RD., #208-15
PLANTATION FL 33317

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 WANG MING

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 ☒ Delete
NAME **D**
STREET ADDRESS **WANG, MING C**
CITY-ST-ZIP **6950 CYPRESS RD., #208-15
PLANTATION FL 33317**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE **VSD**
NAME **DANIEL CHIM**
STREET ADDRESS **16 PERDUE CRT**
CITY-ST-ZIP **MARKHAM, ONTARIO**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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:

DANIEL CHIM

APRIL 20, 2001

905-474-0710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)