2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90289 026 ***150.00

DOCUMENT # P00000031919

1. Entity Name
SAR REGENCY FOOD INC.

JU1QJ0/J

Principal Place of Business	Mailing Address
SARKU JAPAN, REGENCY SQUARE FC-7 9501 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32225	95 ROYAL CREST COURT UNIT 3 MARKHAM, ONTARIO, CA

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		7650 Birchmount Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Markham, Ontario	
Zip	Country	Zip: L3R 6B9	Country: Canada

4. FEI Number: Not Applicable ☐ 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
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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KO, PAULINE 23 BATTLEGREEN ROAD LEXINGTON, MA 02421	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Ko 6326 Grand Bahama Circle, Apt. G Tampa, FL 33615	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD PANG, ALEX 9 HIGHBRIDGE ROAD RICHMOND HILL, ONT., CA l4b 1y2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alex Pang, VTSD — April 29, 2003 — (905)474-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #