

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90044 025 \*\*\*150.00

0305032

**DOCUMENT # P00000033451**

1. Entity Name

**EMERALD COAST RESTAURANT PEMBROKE INC.**

Principal Place of Business

**7000 WEST PALMETTO PARK ROAD SUITE 200  
BOCA RATON FL 33433**

Mailing Address

**7000 WEST PALMETTO PARK ROAD SUITE 200  
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

700 S. Federal Hwy.

City & State

Suite 200-SZG

Boca Raton, FL 33432

Zip

Country

2

4. FEI Number

65-1012709

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

**GARELLEK, STEVEN  
7000 WEST PALMETTO PARK ROAD SUITE 200  
BOCA RATON FL 33433**

Garellek, Steven  
700 S. Federal Hwy., Suite 200  
Boca Raton, FL 33432

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

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 **PRESIDENT**  
STREET ADDRESS **DAVID WILLIAMS**  
CITY-ST-ZIP **206 LANDINGS BLVD.  
WESTON, FL, 33327**

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

TITLE ☐ Delete  
NAME **VICE PRESIDENT**  
STREET ADDRESS **RICHARD CHIN**  
CITY-ST-ZIP **2439 EAGLE RUN WAY  
WESTON, FL, 33327**

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

TITLE ☐ Delete  
NAME **SECRETARY TREASURER**  
STREET ADDRESS **CHAO-SUEI HUANG**  
CITY-ST-ZIP **11836 NW 12TH MANOR  
CORAL SPRINGS, FL, 33071**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DAVID WILLIAMS (PRESIDENT)**

3/18/01

954-572-3822

CR2E034 (10/00)