

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90071 021 ***150.00

DOCUMENT # P00000043395

1. Entity Name
TOP WOK, INC.



Principal Place of Business
**1047 S DILLARD ST
WINTER GARDEN FL 34787**

Mailing Address
**1047 S DILLARD ST
WINTER GARDEN FL 34787**



2. Principal Place of Business

3. Mailing Address

TOP WOK INC

TOP WOK INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1047 S. DILLARD ST

1047 S. DILLARD ST

City & State

City & State

WINTERGARDEN FL WINTERGARDEN, FL

WINTERGARDEN, FL

Zip

Country

Zip

Country

34787

34787

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3644829**

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

**LU, MINH TRUNG
1047 S. DILLARD ST.
WINTER GARDEN FL 34787**

Name

LU, MINH TRUNG

Street Address (P.O. Box Number is Not Acceptable)

1047 S. DILLARD ST

City

WINTERGARDEN FL

Zip Code

34787

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

01 / 13 / 03

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 11

TITLE **PD** ☐ Delete
NAME **LU, MINH TRUNG**
STREET ADDRESS **5434 NOKOMIS CIR.**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **PD** ☐ Change ☐ Addition
NAME **LU, MINH TRUNG**
STREET ADDRESS **4856 SPRING RUN AVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VD** ☐ Delete
NAME **SAVAY, RATH THA**
STREET ADDRESS **5434 NOKOMIS CIR.**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VD** ☐ Change ☐ Addition
NAME **SAVAY, RATH THA**
STREET ADDRESS **4856 SPRING RUN AVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 / 13 / 03 (407) 656-6700

Date

Daytime Phone #

CR2E034 (10/02)