

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

0145036 SP

DOCUMENT #: P00000081215

1. Entity Name

KING'S WOK CHINESE RESTAURANT INC.,

08-20-2001 90089 001 \*\*\*\*\*8.75

08-20-2001 90089 002 \*\*\*150.00

Principal Place of Business

45 N INDIANA AVE  
 ENGLEWOOD FL 34229

Englewood

Mailing Address

45 N INDIANA AVE  
 ENGLEWOOD FL 34229

Englewood

2. Principal Place of Business

45 N. Indiana Ave

Suite, Apt. #, etc.

3. Mailing Address

C/O 136 BOWERY

Suite, Apt. #, etc.

SUITE 203

City & State

Englewood, FL

Zip

34229

Country

USA

City & State

NEW YORK NY

Zip

10013

Country

NEW YORK

4. FEI Number

65-1077601

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CHAN, HUNG LIANG  
 45 N INDIANA AVE  
 ENGLEWOOD FL 34229  
 Englewood

7. Name and Address of New Registered Agent

Name

Same

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

Hung Liang Chan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/27/01

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 \$550.00**

**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAN, HUNG PING P/D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 N. Indiana Ave. Englewood, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAN, CHI KIT V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 N. Indiana Ave. Englewood, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAN, HUNG LIANG S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 N. Indiana Ave. Englewood, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Hung Liang Chan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/01

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

#P0000081215

**B & L Services LLC**  
**39 Utica Avenue**  
**Latham, NY 12110**  
**Tel: 518-783-1060 Fax: 518-783-1115**

08/13/2001

To: **Uniform Business Report**  
**Attn: Division of Corporations**  
**409 East Gaines Street**  
**Tallahassee, FL 32399**

Re: **KING'S WOK CHINESE RESTAURANT INC.**

Dear Sir/Madam,

Enclose please find the completed and executed 2001 UNIFORM BUSINESS REPORT (UBR) along with the check #586 in the amount of 150.00 for the required filing fee. **Our client have never received the first notice from your office. We've also called and spoke to one of your customer service representative, and it is acceptable to submit \$150.00 with the UBR. Enclosed also a check \$8.75 to obtain the Certificate of Status. Please send the Certificate of Status to by the enclosed FedEx air bill and envelope.**

If you have any questions, please feel free to contact us at 518-783-1060.

Sincerely,  
B & L Services LLC

Laura Louie