

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

7/17

07-17-2003 90026 033 ***550.00

DOCUMENT # P00000081215

1. Entity Name
KING'S WOK CHINESE RESTAURANT INC.



Principal Place of Business
45 N INDIANA AVE
ENGLEWOOD FL 34229

Mailing Address
C/O 136 BOWERY
STE 203
NEW YORK NY 10013

55053476

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1077601

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAN, HUNG LIANG
45 N INDIANA AVE
ENGLEWOOD FL 34229

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 *Xiao Zing Lin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	POT	☒ Delete
NAME	CHAN, HUNG P	
STREET ADDRESS	45 N INDIANA AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34229	
TITLE	VD	☒ Delete
NAME	CHAN, CHI KIT	
STREET ADDRESS	45 N INDIANA AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34229	
TITLE	SD	☒ Delete
NAME	CHAN, HUNG L	
STREET ADDRESS	45 N INDIANA AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34229	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	XIAO YING LIU	
STREET ADDRESS	45 N INDIANA AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34229	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: X SIGNATURE REQUIRED

Xiao Zing Lin 8/6/03

941-973-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (4/03)