

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-06-2003 90035 045 ***150.00

DOCUMENT # P00000083870



1. Entity Name
CHEN'S BROTHERS, INCORPORATED

Principal Place of Business
**2572 WOODGATE BLVD., #104
ORLANDO FL 32822**

Mailing Address
**2572 WOODGATE BLVD., #104
ORLANDO FL 32822**

40000020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3666390**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**BUN CHEN, MIN
2572 WOODGATE BLVD., #104
ORLANDO FL 32822**

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 _____ (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 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHEN, MIN BUN	
STREET ADDRESS	2572 WOODGATE BLVD., #104	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHEN, BEN HUI	
STREET ADDRESS	2572 WOODGATE BLVD., #104	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHEN, QUAN GUAN	
STREET ADDRESS	2572 WOODGATE BLVD., #104	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03 Date
407-208-1128 Daytime Phone #

CR2E034 (10/02)