FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE** 

## Sep 06, 2001 8:00 am Secretary of State DOCUMENT # P01000001216 MING TONG CHINESE RESTAURANT INC. 08-17-2001 90005 044 \*\*\*550.00 Principal Place of Business Mailing Address 4602 STATE RD 64 EAST 4602 STATE RD 64 EAST BRADENTON FL 34208 BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required ----- 6.- Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent =--Name WEN, MING T Street Address (P.O. Box Number is Not Acceptable) 4602 STATE RD 64 EAST **BRADENTON FL 34208** City Zio Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 president TITLE Delete TITLE Change wen NAME NAME state Rd 64 East STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bradenton FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change Wen NAME NAME STREET ADDRESS STREET ADDRESS state Rd CITY-ST-ZIP CITY-ST-ZIP Bladentin. TITLE Dēlēte TITLE Change - Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR