

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90472 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000016666

1. Entity Name
PANDA GARDEN OF STUART, INC.



Principal Place of Business
1660 SW TOWERING PINES CIRCLE
STUART, FL 34997

Mailing Address
1660 SW TOWERING PINES CIRCLE
STUART, FL 34997

2. Principal Place of Business

3394 SE Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

3394 SE Federal Hwy
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Stuart FL

City & State
Stuart FL

4. FEI Number
65-1074320

Applied For
☐ Not Applicable

Zip
34997

Country

Zip
34997

Country

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

6. Name and Address of Current Registered Agent

SIU, RACHEL L
1660 SW TOWERING PINES CIRCLE
STUART, FL 34997

Name

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

3394 SE Federal Hwy

City Stuart

FL

Zip Code
34997

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

Rachel L Siu

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

(NOTE: Registered Agent's signature required when resigning)

DATE

2/26/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAM, HOK C
1660 SW TOWERING PINES CIRCLE
STUART, FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAM, XUE Y
1660 SW TOWERING PINES CIRCLE
STUART, FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAM, PING Y
1660 SW TOWERING PINES CIRCLE
STUART, FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIN, QIU R
1660 SW TOWERING PINES CIRCLE
STUART, FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3394 SE Federal Hwy
Stuart FL 34997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
3394 SE Federal Hwy
Stuart FL 34997

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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. H. Chen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

DATE

Daytime Phone #

CR2E034 (10/02)