2002 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2002 8:00 am Secretary of State DOCUMENT # P01000036566 1. Entity Name 01-27-2002 90018 004 ***150.00 LUCKY GARDEN CHINESE CUISINE, INCORPORATED Principal Place of Business Mailing Address 1270 N. WICKHAM ROAD #48 1270 N. WICKHAM ROAD #48 MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address widehorm Rd. 6000 N. Wickham 2 <u>6300 N</u> Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Swith 127 Suite # 127 City & State City & State 4. FEI Number Applied For melbrume Florida Melbourne Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired V.S. A 32940 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JIMMY ZHAO. ZHAO, JIMMY Street Address (P.O. Box Number is Not Acceptable) 6300. W. Widcham Rd # 1270 N. WICKHAM ROAD #48 MELBOURNE FL 32935 City melbourne 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nar of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE ☐ Change Addition NAME ZHAO, JIMMY NAME CR2E034 STREET ADDRESS 1270 N. WICKHAM ROAD #48 STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP MELBOURNE FL 32935 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME KUNG, MAY LING STREET ADDRESS STREET ADDRESS 3162 BRENTWOOD LANE CITY-ST-7IP MELBOURNE FL 32934 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

FILED