

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90113 030 ***150.00

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DOCUMENT # P01000046167

1. Entity Name

CHINATOWN RESTAURANT FL INC.

Principal Place of Business

**16970 SAN CARLOS BLVD #6
 FT MYERS FL 33908**

Mailing Address

**16970 SAN CARLOS BLVD #6
 FT MYERS FL 33908**

2. Principal Place of Business

**16970 San Carlos Blvd
 Suite, Apt. #, etc.
 6**

3. Mailing Address

**16970 San Carlos Blvd
 Suite, Apt. #, etc.
 6**

City & State

Fort Myers Florida

Zip

33908

Country

Lee

City & State

Fort Myers Florida

Zip

33908

Country

Lee

4. FEI Number

65-1126417

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WU, CHANG G

**16970 SAN CARLOS BLVD #6
 FT MYERS FL 33908**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Wu Chang G

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/15/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DPVS** ☐ Delete
 NAME **WU, CHANG G**
 STREET ADDRESS **16970 SAN CARLOS BLVD #6**
 CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **T** ☐ Delete
 NAME **WU, CHANG G**
 STREET ADDRESS **16970 SAN CARLOS BLVD #6**
 CITY-ST-ZIP **FT MYERS FL 33908**

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Wu Chang G

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/15/2002

Daytime Phone

(941) 415-31

CR2E034 (9/01)