


2003-2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P01000094363	
1. Entity Name CHINA TASTE AT FORT WALTON BEACH INC	

FILED
04 JAN 23 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 255 MIRACLE STRIP PKWY	3. Mailing Address 539 N MILLS AVE
Suite, Apt. #, etc. STE #B-15	Suite, Apt. #, etc.
City & State FORT WALTON BEACH, FL	City & State ORLANDO, FL
Zip 32548	Zip 32803
Country	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3743034	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name CHIRSTINE CHEW	
Street Address (P.O. Box Number is Not Acceptable) 539 N MILLS AVE		
City ORLANDO FL Zip Code 32803		

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

[Signature]

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

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	JIAN-XIN YU / PRESIDENT 255 MIRACLE STRIP PLWY STE B-15 FORT WALTON BEACH, FL32548	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100029297001 02/24/04--01025--010 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JIN-YU HUANG / VICE PRESIDENT 255 MIRACLE STRIP PLWY STE B-15 FORT WALTON BEACH, FL32548	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

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CHINA TASTE AT FORT WALTON BEACH, INC.

539 N Mills Ave
Orlando, FL 32803

Dec 08, 2003

Florida Department of State
P.O. BOX 6327
Tallahassee, FL 32314

SUBJECT: Annual Report for 2003-2004

DOCUMENT NUMBER: P01000094363

To whom it may concern,

Please note that we haven't received 2003 Annual Reports due to the mailing address changed. Our mailing address has changed to 539 N Mills Ave, Orlando, FL 32803.

. Enclosed please find the check of \$300.00 for filing fees for year 2003 and 2004. It would be highly appreciated if you could kindly waive the penalty and update your record. Thank you.

Sincerely yours

Xin-Yu

Jian-Xin-Yu/ President