

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096619

1. Entity Name

SIAN RESTAURANT, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90170 028 ***150.00

Principal Place of Business

403 SILVER MOON DR.
TALLAHASSEE FL 32312

Mailing Address

1403 SILVER MOON DR.
TALLAHASSEE FL 32312

2. Principal Place of Business

2087 Town Center Blvd.

3. Mailing Address

2087 Town Center Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

69-0004018

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

32837

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HO, TEIK C

1403 SILVER MOON DR.

TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

Agnes Chau, Esq.

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

1801 E. Colonial Dr.

Suite 168

City

Orlando

FL

Zip Code
32803

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

8. 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

1. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HO, TEIK C	
STREET ADDRESS	1403 SILVER MOON DR.	
CITY-STATE-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HO, TEIK C.	
STREET ADDRESS	1403 Silver Moon Dr.	
CITY-STATE-ZIP	Tallahassee, FL 32312	
TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XIE, XUAN XIU	
STREET ADDRESS	3231 Crystal Creek	
CITY-STATE-ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02

Date

407-346-6788

Daytime Phone #

CR2E034 (9/01)