

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90015 029 ***150.00

0640501 AV

DOCUMENT # P01000102761

1. Entity Name

CHINA TASTE AT PORT RICHEY, INC.

Principal Place of Business

**8615 REGENCY PARK BLVD
 PORT RICHEY FL 34668**

Mailing Address

**8615 REGENCY PARK BLVD
 PORT RICHEY FL 34668**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEL Number

59-3740180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAU, YI REN
 8615 REGENCY PARK BLVD
 PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name

JIN TAO

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

4221 HARBOR LAKE DR

City

LUTZ

FL

Zip Code

33558

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

Jin Tao

JIN TAO

OWNER

3/11/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☒ Delete
 NAME **DP LAU, YI REN**
 STREET ADDRESS **8615 REGENCY PARK BLVD**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete
 NAME **DV LIU, ZENG XIONG**
 STREET ADDRESS **8615 REGENCY PARK BLVD**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

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 **DP TAO, JIN**
 STREET ADDRESS **4221 HARBOR LAKE DR**
 CITY-ST-ZIP **LUTZ FL 33558**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED TAO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

(813) 679-7078

Daytime Phone #

CR2E034 (9/01)