

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91425 039 \*\*\*150.00

**DOCUMENT # P01000120189**

1. Entity Name

**SAR PEMBROKE FOOD INC.**

Principal Place of Business

Mailing Address

**C/O UNITED CORPORATE SERVICES, INC.  
 9200 S. DADELAND BLVD., STE. 508  
 MIAMI FL 33156**

**C/O UNITED CORPORATE SERVICES, INC.  
 9200 S. DADELAND BLVD., STE. 508  
 MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

**95 Royal Crest Court,**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Unit # 3**

City & State

City & State

**Markham, Ontario**

Zip

Country

Zip

Country

**L3R 9X5**

**Canada**

4. FEI Number

**Not Applicable**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.  
 9200 S. DADELAND BLVD., STE. 508  
 MIAMI FL 33156**

Name **Pauline Ko**

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

**6326 Grand Bahama Circle, Apt. G**

City

**Tampa**

**FL**

Zip Code  
**33615**

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

**Pauline Ko**

**03/13/2002**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **PD, Pauline Ko**  
 STREET ADDRESS **6326 Grand Bahama Circle, Apt. G**  
 CITY-ST-ZIP **Tampa, FL, 33615**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **VTSD, Alex Pang**  
 STREET ADDRESS **9 Highbridge Road,**  
 CITY-ST-ZIP **Richmond Hill, ON Canada L4B 1Y2**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:**

**Alex Pang**

**VTSD**

**03/13/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

001/00 AI

CR2E034 (9/01)