

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90084 013 \*\*\*150.00

**DOCUMENT # P02000021158**



1. Entity Name  
**ASAHI JAPANESE & CHI NESE CUISINE, INC.**

Principal Place of Business  
11471 W. SAMPLE ROAD.  
#41  
CORAL SPRINGS FL 33065

Mailing Address  
11471 W. SAMPLE ROAD.  
#41  
CORAL SPRINGS FL 33065

2. Principal Place of Business  
**9240 W. COMMERCIAL BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**9240 W. COMMERCIAL BLVD**  
Suite, Apt. #, etc.

City & State  
**SUNRISE, FL**

City & State  
**SUNRISE, FL**

4. FEI Number  
**01-0618014**

Applied For  
Not Applicable

Zip Country  
**33351 U.S.A.**

Zip Country  
**33351 U.S.A.**

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**

**WANG, CHUAN WU**  
**11471 W. SAMPLE ROAD,**  
**#41**  
**CORAL SPRINGS FL 33065**

Name **LI, PENG FEI**  
Street Address (P.O. Box Number is Not Acceptable)  
**9240 W. COMMERCIAL BLVD**  
City **SUNRISE** **FL** Zip Code **33351**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Delete  
NAME **P**  
STREET ADDRESS **WANG, CHUAN WU**  
CITY-ST-ZIP **11471 W. SAMPLE ROAD, #41**  
**CORAL SPRINGS FL 33065**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition  
TITLE **PS**  
NAME **LI, PENG FEI**  
STREET ADDRESS **9240 W. COMMERCIAL BLVD**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Delete  
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CITY-ST-ZIP

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 Block 11 if changed, 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

**3/10/03**

Date

Daytime Phone #

CR2E034 (10/02)