

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

04-28-2003 91378 046 ***150.00

DOCUMENT # P02000022923



1. Entity Name
HSIAO BROTHERS, INC.

Principal Place of Business
1221 E ROBINSON ST
ORLANDO FL 32801

Mailing Address
1221 E ROBINSON ST
ORLANDO FL 32801

2. Principal Place of Business **CAJUN Cafe & Grill** **3. Mailing Address** **CAJUN Cafe Grill**

Suite, Apt. #, etc. **244 Towne Center CIR** **Suite, Apt. #, etc.** **244 Towne Center CIR**

City & State **SANFORD FL** **City & State** **SANFORD FL**

Zip **32771** **Country** **USA** **Zip** **32771** **Country** **USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3616444** **Applied For** ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FONG, DAVID
1221 E ROBINSON ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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, 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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HSIAO, CHIN-JUI W	
STREET ADDRESS	2163 EOLA COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HSIAO-TSENG, MEI-JUNG	
STREET ADDRESS	2163 EOLA COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	GM	<input type="checkbox"/> Delete
NAME	Cheng Ying HSIAO	
STREET ADDRESS	1605 Oviedo Marketplace Blvd	
CITY-ST-ZIP	Oviedo FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GM
STREET ADDRESS	Cheng Ying HSIAO
CITY-ST-ZIP	1605 Oviedo Marketplace Blvd
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Oviedo FL 32765
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]

4/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)