

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90862 001 ***300.00

DOCUMENT # *P02000030915*

1. Entity Name

AMERICAN BISTRO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4937 SW 32 WAY

3. Mailing Address

18999 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL.

City & State

AVENTURA

4. FEI Number

01-0635382

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33180

Country

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

7. Name and Address of Current Registered Agent

Name

JENNY NG.

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

18999 BISCAYNE BLVD. #205

City

AVENTURA

FL

Zip Code

*33180*DO NOT WRITE
IN THIS SPACE

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

3/25/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
JENNY NG
4937 SW 32 WAY
HOLLYWOOD, FL. 33312

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
SHAN TAO
4937 SW 32 WAY
HOLLYWOOD, FL. 33312

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
YIBIN YU
4937 SW 32 WAY
HOLLYWOOD, FL. 33312

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/03

CR2E0346 (12/02)