

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90303 048 ***150.00

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DOCUMENT # P02000052984

1. Entity Name

YUM YUM ASIA CAFE, INC.



Principal Place of Business

**2603 MAITLAND CROSSING WAY, 10-203
ORLANDO FL 32810**

Mailing Address

**2603 MAITLAND CROSSING WAY, 10-203
ORLANDO FL 32810**

2. Principal Place of Business

PSI South ST Rd 434

3. Mailing Address

923 RidgeSide CT

Suite, Apt. #, etc.

1120

Suite, Apt. #, etc.

City & State

Altamonte Springs FL

City & State

Apopka FL

Zip

32714

Country

seminole

Zip

32712

Country

Orange

4. FEI Number

56-2285046

Applied For -

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KUO, STEVE

**2603 MAITLAND CROSSING WAY, 10-203
ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name

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

923 RidgeSide CT

City

Apopka

FL

Zip Code

32712

8. The above named entity submits the 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

3/31/03

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

TITLE ☐ Delete
NAME **D KUO, STEVE**
STREET ADDRESS **2603 MAITLAND CROSSING WAY, 10-203**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **923 RidgeSide CT**
CITY-ST-ZIP **Apopka FL 32712**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/03

407-733-8886

CR2E034 (10/02)