

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90647 043 \*\*\*150.00

DOCUMENT # P02000110716



1. Entity Name  
MANDA WOK INC.

Principal Place of Business  
5700 OKEECHOBEE BLVD.  
FOOD COURT NO. 22  
WEST PALM BEACH FL 33417

Mailing Address  
5700 OKEECHOBEE BLVD.  
FOOD COURT NO. 22  
WEST PALM BEACH FL 33417



2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEL Number

Applied For

Zip

Country

Zip

Country

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

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CHAN, STEVE S  
5700 OKEECHOBEE BLVD.  
FOOD COURT NO. 22  
WEST PALM BEACH FL 33417

EDWARD LEE  
5700 OKEECHOBEE BLVD FOOD COURT NO 22  
WEST PALM BEACH FL 33417

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 Trust Fund Contribution. ☐

\$5.00-May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CHAN, STEVE S  
STREET ADDRESS 5700 OKEECHOBEE BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☒ Delete

TITLE PD  
NAME EDWARD LEE  
STREET ADDRESS 5700 OKEECHOBEE BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☒ Change ☐ Addition

TITLE SD  
NAME YANG, YAN L  
STREET ADDRESS 5700 OKEECHOBEE BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☒ Delete

TITLE SD  
NAME EDWARD LEE  
STREET ADDRESS 5700 OKEECHOBEE BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

3/19/03 84-683-3700

Date

Daytime Phone #

CR2E034 (10/02)