

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90966 037 \*\*\*150.00

**DOCUMENT # P02000132498**

1. Entity Name

CHINESE/ITALIAN/AMERICAN CUISINE, INC.



Principal Place of Business

13210 HIGHGROVE RD  
BROOKSVILLE FL 34609

Mailing Address

13210 HIGHGROVE RD  
BROOKSVILLE FL 34609

2. Principal Place of Business

5244 Mariner Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Spring Hill, FL

Zip

34609

Country

U.S.A.

Zip

34609

Country

U.S.A.

4. FEI Number

27-0045263

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAN, CHUN K  
13210 HIGHGROVE RD  
BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

Name: Jenda Chan  
Street Address (P.O. Box Number is Not Acceptable): 13210 Highgrove Road  
City: Brooksville FL Zip Code: 34609

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: Jenda Chan

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CHAN, CAROL L	
STREET ADDRESS	13210 HIGHGROVE RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAN, CHUN K	
STREET ADDRESS	13210 HIGHGROVE RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAN, JENDA N	
STREET ADDRESS	13210 HIGHGROVE RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHAN, KAM-WING R	
STREET ADDRESS	13210 HIGHGROVE RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHAN, KAM-WING A	
STREET ADDRESS	13210 HIGHGROVE RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jenda Chan	
STREET ADDRESS	13210 Highgrove Rd	
CITY-ST-ZIP	Brooksville FL 34609	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Chan	
STREET ADDRESS	13210 Highgrove Rd	
CITY-ST-ZIP	Brooksville FL 34609	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chan Kuen Chan	
STREET ADDRESS	13210 Highgrove Rd	
CITY-ST-ZIP	Brooksville FL 34609	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kam-wah Richard Chan	
STREET ADDRESS	13210 Highgrove Rd	
CITY-ST-ZIP	Brooksville FL 34609	
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:

Carol L Chan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)