2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000012318 May 15, 2000 8:00 am Secretary of State 1. Entity Name WIN RESTAURANT, INC. 05-15-2000 90316 029 ***158.75 Principal Place of Business Mailing Address 4735 N CONGRESS AVE 4735 N CONGRESS AVE BOYNTON BEACH FL 33426-7940 BOYNTON BEACH FL 33462 00/401 2. Principal Place of Business 3. Mailing Address 4735 N. CONGRESS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0390043 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name YIM KUEN CHAN Street Address (P.O. Box Number is Not Acceptable) 4735 N CONGRESS AVE **BOYNTON BEACH FL 33462** Zip Code City FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete CHAN: CHEONG ARK 4735 N. CONDRESS AVE NAME CHAN, YIM-KUEN NAME 4735 N CONGRESS AVE STREET ADDRESS STREET ADDRESS BOYNTONBEACH FL 334 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33462** Addition ☐ Delete TITLE Change TITLE CHAN, KENNY NAME NAME STREET ADDRESS 4735 N CONGRESS AVE STREET ADDRESS CITY-ST-7IP **BOYNTON BEACH FL 33462** CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE NAMÉ

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CiTY-ST-ZIP

CITY-ST-7IP

TITLE NAME STREET ADDRESS

☐ Delete

☐ Delete

Y/M - KUEN CHAN 4-27-00 561-641 0500

Change

Change

☐ Addition

Addition