

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000012318****1. Entity Name**
WIN RESTAURANT, INC.**FILED**
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90006 026 ***158.75

Principal Place of Business
4735 N CONGRESS AVE
BOYNTON BEACH FL 33426**Mailing Address**
4735 N CONGRESS AVE
BOYNTON BEACH FL 33462

00002774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

4735 N. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State**

Boynton Beach, FL

Zip**Country****Zip****Country**

33426

4. FEI Number 65-0390043**Applied For**

Not Applicable

5. Certificate of Status Desired☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****YIM KUEN CHAN**
4735 N CONGRESS AVE
BOYNTON BEACH FL 33462**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	PT	<input type="checkbox"/> Delete
NAME	CHAN, YIM-KUEN	
STREET ADDRESS	4735 N CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHAN, KENNY	
STREET ADDRESS	4735 N CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	M	<input type="checkbox"/> Delete
NAME	CHAN, CHEONG	
STREET ADDRESS	4735 N CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.**SIGNATURE:**

Yim Kuen Chan

1-08-01

Date

561-641-0500

Daytime Phone #

CR2E034 (10/00)