

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015890

1. Entity Name

CHINA GARDEN WEST DOWNTOWN, INC.

Principal Place of Business

Mailing Address

531 FLEMING
KEY WEST FL 33040
US

531 FLEMING STREET
KEY WEST FL 33040-6879
US

2. Principal Place of Business

531 Fleming St

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Key West

City & State

Key West Fla

City & State

Zip

Country

Zip

Country

33040

Marlboro

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMITA, KENNETH
833 EISENHOWER
SUITE 102
KEY WEST FL 33040

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOMITA, K.
833 EISENHOWER DRIVE
KEY WEST FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CHENG, NGAN
3327 RIVIERA DR.
KEY WEST FL 33040

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00 305-296-6177
Date Daytime Phone #

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90004 050 ***150.00

00022851



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2059378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**