

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029755

1. Entity Name

CHO-LON ORIENTAL MARKET, INC.

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90046 001 ***150.00

Principal Place of Business	Mailing Address
5944 - 34TH STREET NORTH SUITE 17 ST. PETERSBURG FL 33714	5944 - 34TH STREET NORTH SUITE 17 ST. PETERSBURG FL 33714-1211

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3186806	Applied For
		Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAU, QUANG
5944 - 34TH STREET NORTH
SUITE 17
ST. PETERSBURG FL 33714

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	CHAU, QUANG	
STREET ADDRESS	5944 - 34TH STREET NORTH #17	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	VP	☐ Delete
NAME	CHAU, DINH	
STREET ADDRESS	5944 34 ST. N #17	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
Date
SEC.
Daytime Phone #

CR2E034 (9/99)