2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P93000078176** CHINA LUI RESTAURANT II, INC. 04-17-2000 90143 046 ***150.00 Principal Place of Business Mailing Address 1079 S.E. 17TH STREET 1079 S.E. 17TH STREET FORT LAUDERDALE FL 33316-2116 FORT LAUDERDALE FL 33316 C0063905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 65-0447890 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name YANG, YANG Street Address (P.O. Box Number is Not Acceptable) 827 S.W. 13 ST. FT. LAUDERDALE FL 33315 Zip Code 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Addition TITLE ☐ Delete TITLE Yang, Yang NAME YANG, YANG NAME STREET ADDRESS 21140 NE 26TH AVENUE-STREET ADDRESS SW 13 Street CITY-ST-ZIP CITY-ST-ZIP derdale, Fl 33315 NORTH MIAMI BEACH FL 33180-Addition ☐ Delete TITLE TITLE YANG, FAN NAME NAME STREET ADDRESS STREET ADDRESS 827 S.W. 13 ST. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Delete -TITLE _ _ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.