## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P94000008936** Feb 24, 2000 8:00 am **Secretary of State** CHENG'S CHINESE RETAURANT, INC. 02-24-2000 90063 034 \*\*\*150.00 Mailing Address Principal Place of Business 2738 WEST HIGHWAY 50 2738 WEST HIGHWAY 50 OCOEE FL 34761 OCOEE FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 59-3223523 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent \_Name\_\_\_ TAN, KUAI Street Address (P.O. Box Number is Not Acceptable) 12626 RINGWOOD AVENUE ORLANDO FL 32837 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 DATE (NOTE: Registered Agent signature required when reinstating) 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. DP TITLE ☐ Delete TITLE TAN, KUAI NAME NAME STREET ADDRESS STREET ADDRESS 12626 RINGWOOD AVE. CITY-ST-ZIP CITY-ST-7IP orlando fl 32837 Change ☐ Addition Delete TITLE TITLE NAME ZHENG, QIAN J NAME STREET ADDRESS STREET ADDRESS 12626 RINGWOOD AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 Delete ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ी।TLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TOTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 anaddress, with all other like empowered.

Kuai Tan

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR