2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000008936

1. Entity Name

CHENG'S CHINESE RETAURANT, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90115 024 ***150.00

Principal Place of Business 2738 WEST HIGHWAY 50 OCOEE FL 34761		Mailing Address 2738 WEST HIGHWAY 50 OCOEE FL 34761				3000362 6					
2 Principal P	lace of Business		ling Address	<u>نداره جم</u> ی		<u>-</u>					_
z. Thinoipair	lace of Business	J. Wildi	ming Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Number 59-3223523			Applied For Not Applicable		
Zip	Country		try				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. 1	Name and Address of New Registe	red Age	nt		1
					Name						
tan, Kua			Street Addres			(P.O. Box Number is Not Acceptable)					1
	igwood avenue									4	
ORLANDO	FL 32837										
					City			FL	Zip Cod	e	1
	named entity submits this statement fions of registered agent.	or the purp	oose of changing its	registere	L ed office or register	red ag	ent, or both, in the State of Florida. I	am fam	iliar with,	and accept	
	Signature, typed or printed name of registered agen	t and title if app	olicable (NOTE	: Registere	d Agent signature required	d when re	einstating) Da	ATE ~~			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State					9. Election Campaign Financing Trust Fund Contribution.]		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTO	PRS	11.		ΑD	DITIONS/CHANGES TO OFFICERS	AND DI	RECTOR	S IN 11]_
TITLE	DP (214)		☐ Delete	TITLE] Change	Addition	0/05
AIAME STREET ADDRESS	TAN, KUAI 12626 RINGWOOD AVE.			NAM	E Et address						15
CITY-ST-ZIP	ORLANDO FL 32837				-ST-ZIP						E034 (10/02
TITLE	DV		☐ Delete	TITLE			, , , , , , , , , , , , , , , , , , , ,] Change	Addition	\ B
NAME	ZHENG, QIAN J			NAM	E .						1
STREET ADDRESS	12626 RINGWOOD AVE.				ET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32837			-	-ST-ZIP		F				-
TITLE NAME			☐ Delete	TITLE			r , the	L] Change	Addition Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						{
TITLE			☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·] Change	Addition	1
NAME				NAMI	l			•			
STREET ADDRESS	. The second state of the		لللان المناسبة		ET ADDRESS ST-ZIP	_					.
CITY-ST-ZIP				-	-		g the country of the same of t		1 05	- Addition	{ ^
TITLE NAME			☐ Delete	TITLE	l i] Change	☐ Addition	}
STREET ADDRESS			•		ET ADDRESS						
CITY-ST-ZIP					ST-ZIP						
TITLE			☐ Delete	TITLE] Change	☐ Addition	
NAME	in the second se			NAM							
STREET ADDRESS	*				ET ADDRESS						.
CITY-ST-ZIP		Laber 500			-ST-ZIP		440.07/0)(i) Find a Out on 11 ii		*b-=- *		┨.
12. I nereby c	ertify that the information supplied wit	n this filing	goes not qualify for	ine exer	mblion stated in Se	ection	T 19.07(3)(I), Florida Statutes. I furthe	certify	mat the if	normation	1

12. 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 10 or Block 11 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

D1/08/03

4078178282

Daytime Phone #