

AMENDED

FILED

08 AUG 20 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000008936 1. Entity Name CHENG'S CHINESE RESTAURANT, INC.		
Principal Place of Business 2738 WEST-HIGHWAY 50 OCOCHEE, FL 34761		Mailing Address 2738 WEST-HIGHWAY 50 OCOCHEE, FL 34761
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
4. FEI Number 59-3223523		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TAN, KUAI 12626 RINGWOOD AVENUE ORLANDO, FL 32837		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature required when necessary.)</small>		
FEE: NOW \$150 (FEE IS \$150.00) (If an entity's 2003 Fee will be \$590.00, Anticipated UBR is \$61.25) Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Delete	DP TAN, KUAI 12626 RINGWOOD AVE. ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Delete	DV ZHENG, QIAN J 12626 RINGWOOD AVE. ORLANDO, FL 32837	PD MAN, KWOK KEUNG 2738 W. Hwy. 50 OCOCHEE, FL 34761 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 persons empowered.		
SIGNATURE: <u>MAN, KWOK KEUNG</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8-13-03 407-877-8282 <small>One Daytime Phone #</small>

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CHECK HERE IF MAKING CHANGES

CRE034 (1/0/02)

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