

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90071 011 ***150.00

DOCUMENT # P94000026666

1. Entity Name

MYA'S CHINESE RESTAURANT, INC.

Principal Place of Business

Mailing Address

HWY 19
 CHIEFLND FL 34426

P. O. BOX 1807
 Ocala FL 34478-1807
 US

2. Principal Place of Business

2202 N. YOUNG BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHIEFLAND, FL.

City & State

4. FEI Number

59-3235553

Applied For

Not Applicable

Zip

Country

32644

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAN, KAH WOON
HWY 19
CHIEFLND FL 34426

Name

Street Address (P.O. Box Number is Not Acceptable)

2202 N. YOUNG BLVD.

City

CHIEFLAND

FL

Zip Code

32644

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

Kah Woon Tan

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 Delete
 NAME **D KAH WOON TAN**
 STREET ADDRESS **HWY 19**
 CITY-ST-ZIP **CHIEFLND FL 34426**

TITLE Change Addition
 NAME **P/T/S**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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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:

Kah Woon Tan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00 (352) 493-1555

Date

Daytime Phone #

CR2E034 (9/99)