

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034634

1. Entity Name

BIG EASY CAJUN - BURLINGTON, INC.

Principal Place of Business

BURLINGTON MALL  
SPACE 210B  
BURLINGTON MA 01803  
US

Mailing Address

7411 FULLERTON STREET  
SUITE 204  
JACKSONVILLE FL 32256-3629  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3242184

Applied For

Not Applicable

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

YEN, KUNG-PO  
7411 FULLERTON ST.  
STE. #204  
JACKSONVILLE FL 32256

Kung-Po Yen  
7411 Fullerton St., Ste. 204  
Jacksonville, FL 32256

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)

KUNG-PO YEN  
PRESIDENT

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 NAME	DP YEN, KUNG-PO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10300 SOUTHSIDE BLVD., #305 JACKSONVILLE FL 32256	
TITLE NAME	DVST YEN, KUNG-TI	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10300 SOUTHSIDE BLVD., #305 JACKSONVILLE FL 32256	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KUNG-PO YEN  
PRESIDENT

Date

Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90229 026 \*\*\*150.00

702625



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)