## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P94000066637** Feb 29, 2000 8:00 am **Secretary of State** FYL MANAGEMENT INC. 02-29-2000 90125 016 \*\*\*150.00 Principal Place of Business Mailing Address **EVERGREEN CHINESE RESTAURANT** EVERGREEN CHINESE RESTAURANT 2061 COVE BLVD. 2061 COVE BLVD. PANAMA CITY FL 32405 PANAMA CITY FL 32405-5316 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. FEI Number 59-3266045 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FANG, LIAN Street Address (P.O. Box Number is Not Acceptable) 2061 COVE BLVD. PANAMA CITY FL 32405 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TS TITLE TITLE ☐ Delete NAME XUWEI, ZHAO NAME STREET ADDRESS STREET ADORESS 2061 COVE BLVD CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL ☐ Addition Change TITLE Delete TITLE NAME YOUNG, SHUN CHU NAME STREET ADDRESS STREET ADDRESS 5702 BRENTWOOD MEADOWS CITY-ST-7IP CITY-ST-ZIP **BRENTWOOD TN** Delete TITLE Change ☐ Addition TITLE\_ NAME LIU. DENGFA NAME STREET ADDRESS STREET ADDRESS 4330 HARVARD DR SE CITY-ST-ZIP CITY-ST-ZIP WARREN OH ☐ Chance ☐ Addition □ Delεte TITLE NAME XUWEI, ZHAO NAME STREET ADDRESS STREET ADDRESS 2061 COVE BLVD CITY-ST-ZIP PANAMA CITY FL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

2-1-00

850-784-80

Daytime Phone