

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000069628**

1. Entity Name

SHANHAI CHINESE RESTAURANT, INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90091 019 ***150.00

Principal Place of Business

37915 EILAND BLVD
ZEPHYRHILLS FL 33541

Mailing Address

37915 EILAND BLVD
ZEPHYRHILLS FL 33541

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 **59-3270485**

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

NGUYEN, KHOI P
37915 EILAND BLVD
ZEPHYRHILLS FL 33541

Name

ANDY T LONG

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

2082 W COUNTY RD 48**BUSHNELL FL 33513**

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.

SIGNATURE

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HUYNH, HUNG	
STREET ADDRESS	505 1/2 WALNUT STREET	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	NGUYEN, KHOI P	
STREET ADDRESS	37915 EILAND BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ANDY T LONG	
STREET ADDRESS	2082 W COUNTY RD 48	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete
NAME	NHAN HIEN NGUYEN	
STREET ADDRESS	4932 4TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541-5725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)