

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084110

1. Entity Name

KUNG FU HOUSE INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90090 008 ***150.00

Principal Place of Business

Mailing Address

4301 W. VINE ST.
 KISSIMMEE FL 34746
 US

2946 SMITHFIELD DRIVE
 ORLANDO FL 32837-7476
 US

LU084893



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4301 W. Vine St
 Suite, Apt. #, etc.
 (A76-80)

2946 Smithfield DR
 Suite, Apt. #, etc.

City & State
 Kissimmee, FL

City & State
 Orlando, FL

4. FEI Number 59-3294492

Applied For
 Not Applicable

Zip
 34746

Country
 Osceola

Zip
 32837

Country
 Orange

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

FOUST, KATHLEEN M
 17 S ORLANDO AVE
 KISSIMMEE FL 34741

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.

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, 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 P ☐ Delete
 NAME AU-YANG, SHINSIN
 STREET ADDRESS 2946 SMITHFIELD DR
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☐ Delete
 NAME TSANG, TIN LUNG
 STREET ADDRESS 2946 SMITHFIELD DR.
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Shinsin Au-Yang
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00
 Date

407-397-2608
 Daytime Phone #

CR2E034 (9/99)