

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91520 045 ***150.00

DOCUMENT # P95000039271

1. Entity Name

K.M.J.Y. CHINESE RESTAURANT INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8263 N. Pine Island Rd

3. Mailing Address

8263 N. Pine Island Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Tamarac, FL

4. FEI Number

65-0582822

Applied For

Not Applicable

Zip

33321

Country

USA

Zip

33321

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Karen Moy

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

3002 NW 103 Lane

City

Coral Springs

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	VP
NAME	Yau, Yuen Y
STREET ADDRESS	7711 SW 7th Place
CITY-ST-ZIP	North Lauderdale, FL
TITLE	P
NAME	Moy, Karen
STREET ADDRESS	3002 NW 103 Lane
CITY-ST-ZIP	Coral Springs, FL
TITLE	S
NAME	Kwong, Wai K
STREET ADDRESS	8263 N. Pine Island Road
CITY-ST-ZIP	Tamarac, FL 33321
TITLE	T
NAME	Yau, Cheuk N
STREET ADDRESS	7711 SW 7th Place
CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Moy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/02

Daytime Phone #

(954) 722-8712