## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # **P96000035123** 1. Entity Name 05-15-2000 90172 023 \*\*\*150 00 MATSUYA INC. Mailing Address Principal Place of Business 10309 NW 7TH STREET 10309 NW 7TH STREET 00/300 FORT LAUDERDALE FL 33324-1006 FORT LAUDERDALE FL 33324 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 65-0779347 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAN, COREY Street Address (P.O. Box Number is Not Acceptable) 10309 NW 7TH STREET FORT LAUDERDALE FL 33324 Zip Code City 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change Addition TITLE ☐ Delete CHAN, COREY NAME STREET ADDRESS STREET ADDRESS 10309 N.W. 7TH STREET PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP EVP Addition ☐ Change TITLE ☐ Delete TITLE CHAN, ALLEN NAME NAME 1530 WHITEHALL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIP Delete TITLE -\_ - A. 🔼 Change Addition -Till E---WONG, ELAINE YEE LIN NAME 13792 N GARDEN COVE CIRCLE 1528 WHITEHALL DR., #204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33325 FT LAUDERDALE FL 33324 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #