

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037735

1. Entity Name

HAPPINESS CHINESE RESTAURANT I INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90082 027 ***150.00

Principal Place of Business

Mailing Address

1233 SO LANE AVE
JACKSONVILLE FL 32205

1233 SO LANE AVE
JACKSONVILLE FL 32205-6284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

HAPPINESS CHINESE RESTAURANT #1

Suite, Apt. #, etc.

City & State

1233 S. LANE AVE.

City & State

JACKSONVILLE, FLORIDA 32205

Zip

Country

Zip

Country

4. FEI Number

59-3376098

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

CHIM, YUK C

1233-31 LANE AVE S

JACKSONVILLE FL 32205

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 PT
NAME CHIM, YUK
STREET ADDRESS 3835 STARLEAF ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE PT
NAME CHIM YUK
STREET ADDRESS 3835 starleaf Rd
CITY-ST-ZIP Jacksonville FL 32210 ☒ Change ☐ Addition

TITLE VP
NAME LEUNG, KUN W
STREET ADDRESS 5930 LENOX AVENUE APT 155
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Delete

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

TITLE VP
NAME JIM, TOMMY
STREET ADDRESS 5930 LENOX AVENUE APT 151
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE VP
NAME Jim, Tommy
STREET ADDRESS 6144 Delmar place
CITY-ST-ZIP Jacksonville FL 32205 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 OR DIRECTOR

3/30/00

904 7816793

Date

Daytime Phone #

CR2E034 (9/99)