

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90060 030 \*\*\*150.00

**DOCUMENT # P96000059216**

1. Entity Name  
**GREAT WALL CHINESE RESTAURANT IN PSL, INC.**

Principal Place of Business  
**327 SE PORT ST. LUCIE BLVD.**  
**PORT ST. LUCIE FL 34984**

Mailing Address  
**327 SE PORT ST. LUCIE BLVD.**  
**PORT ST. LUCIE FL 34984**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**327 SE PORT ST LUCIE BLVD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT ST LUCIE, FL**

City & State

4. FEI Number

**65-0679093**

Applied For

Not Applicable

Zip

Country

**34984**

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LEE, HIU**  
**327 SE PORT ST. LUCIE BLVD.**  
**PORT ST. LUCIE FL 34984**

7. Name and Address of New Registered Agent

Name  
**SAU SHUN LEE**

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

**GREAT WALL CHINESE REST IN PSL, INC**

City **PORT ST LUCIE**

**FL**

Zip Code  
**34984**

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 **SAU SHUN LEE, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

*Sau Shun Lee*

(NOTE: Registered Agent signature required when reinstating)

**01/01/2002**

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, 2002 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

TITLE **P** ☒ Delete  
 NAME **LEE, HIU**  
 STREET ADDRESS **1423 SE GRAPELAND AVE.**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **V** ☒ Delete  
 NAME **LEE, TO-CHUN**  
 STREET ADDRESS **1423 SE GRAPELAND AVE.**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition  
 NAME **SAU SHUN LEE**  
 STREET ADDRESS **617 SW BARBUDA BAY**  
 CITY-ST-ZIP **PORT ST LUCIE, FL 34986**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition  
 NAME **MEI HUI CHEN**  
 STREET ADDRESS **1675 SE GREEN ACRES CIR KK102**  
 CITY-ST-ZIP **PORT ST LUCIE, FL 34952**

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

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

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

TITLE ☐ Change ☐ 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:

*Sau Shun Lee*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAU SHUN LEE**

**01/01/2002**

Date

**561-879-0025**

Daytime Phone #

CR2E034 (9/01)