

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91195 005 ***150.00

DOCUMENT # P96000070974(0)

1. Entity Name

J & J FORTUNE COOKIE, INC.

Principal Place of Business

3996 W HILLSBORO BLVD
 DEERFIELD BEACH, FL 33442

Mailing Address

3996 W HILLSBORO BLVD
 DEERFIELD BEACH, FL 33442

2. Principal Place of Business

3. Mailing Address

3996 W HILLSBORO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BEACH, FL

4. FEI Number

65-0702376

Applied For

Not Applicable

Zip

Country

Zip

Country

33442

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAM, JOHN
 22628 BLUE FIN TRAIL
 BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name: WANG, JEFF T
 Street Address (P.O. Box Number is Not Acceptable):
 20681 BAY BROOKE COURT

City: BOCA RATON FL Zip Code: 33498

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) ☐

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	PTD	<input type="checkbox"/> Delete
NAME	WANG, JEFF T	
STREET ADDRESS	28331 RANCHO GRANDE	
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	LAM, JOHN	
STREET ADDRESS	22620 BLUE FIN TRAIL	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAM, JAMES	
STREET ADDRESS	3996 W HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20681 BAY BROOKE COURT	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANG, QUAN L	
STREET ADDRESS	20681 BAY BROOKE COURT	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

4/30/01

CR2E034 (11/00)