

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079882

1. Entity Name

CAJUN CAFE VOLUSIA, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90110 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1221 E ROBINSON ST  
ORLANDO FL 32801

1221 E ROBINSON ST  
ORLANDO FL 32801-2115

2. Principal Place of Business

3. Mailing Address

1700 W Int'l Speedway Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Space #140

City & State

City & State

Daytona Beach, FL

Zip

Zip

32114

Country

Country

4. FEI Number

59-3402141

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

FONG, MARGARET  
1221 E ROBINSON ST  
ORLANDO FL 32801

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	VP	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIU, CHENG M		NAME	Tran, Hien	
STREET ADDRESS	8009 LANDGROVE CT		STREET ADDRESS	1221 E. Robinson St.	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KWOK, KWAN W		NAME	Khuat, Chay Ha	
STREET ADDRESS	1221 E ROBINSON ST.		STREET ADDRESS	Lot #24 B330 S. Hwy 17-92	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	Fern Park, FL 32730	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THACH, NAN		NAME		
STREET ADDRESS	1221 E. ROBINSON ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUYNH, KHMAU		NAME		
STREET ADDRESS	1221 E. ROBINSON ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIU, TUN M		NAME		
STREET ADDRESS	1221 E. ROBINSON ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

Daytime Phone #

CR2E034 (9/99)