

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90044 027 \*\*\*150.00

**DOCUMENT # P96000096044**

1. Entity Name

**CHINA TOKYO ORIENTAL RESTAURANT & LOUNGE, INC.**

Principal Place of Business

Mailing Address

2360 PINE RIDGE RD  
 NAPLES FL 34109

2360 PINE RIDGE RD  
 NAPLES FL 34109-2008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0712360**

Applied For

Not Applied

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

**HSU, RONG YEN**  
**2360 PINE RIDGE RD**  
**NAPLES FL 34109**

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	HSU, RONG YEN	
STREET ADDRESS	5251 MYRTLE LANE	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HSU, KING TING	
STREET ADDRESS	5251 MYRTLE LANE	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	HSU, RONG YEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HSU, RONG YEN	
STREET ADDRESS	5136 HARLAN'S RUN	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	HSU KING TING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HSU KING TING	
STREET ADDRESS	5136 HARLAN'S RUN	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #