2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2001 8:00 am Secretary of State

DOCUMENT # 1. Entity Name						Secretary of State 05-17-2001 91328 010 ***150.00					
CHINA BEE RESTAURANT, INC.								.00			
Principal Place of Business 18201 HORSESHOE BAY CIRCLE FORT MYERS, FL 33912 US Mailing Address 18201 HORSESHO FORT MYERS, FL US						ſ	·				
2. Principal	Place of Busine	ess	. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. FEI Number 65–0766			6251	ļ	plied For t Applicable	
Zip	Zip Country		Zip Coun		ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current Re	gistered Agent			7. Name and Address of New Registered Agent					
LEE, CHUN				, ,	Name						
18861 PINE RUN LANE FORT MYERS, FL 33912					Street Add	Address (P.O. Box Number is Not Acceptable)					
			ч.	•	City			<u></u>	FL	Zip Code	
8. The above	e named entity	submits this statement for the	he purpose of changing its re	gister	ed office or re	gistered	agent, or both,	in the State of	Florida.	.	
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 il applicable (NOTE	Registere	d Agent signature i	required w	nen reinstating)		DATE.		<u></u> , -, -, -, -, -, -, -, -, -, -, -, -, -,
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1: 2001 Fee will be \$550,00 Trust Fund Contribution. \$5.00 May Added to Feet											
11.	2_	OFFICERS AND DI	RECTORS	12.	41 254 556 (65 54)35		ADDITIONS/C	HANGES TO O	FFICERS AND	DIRECTORS	IN 11
TITLE '- "	P		☐ Delete	TITLE						Change	☐ Addition
NAME -	LEE, CHUN				E						
STREET ADDRESS	18201	HORSESHOE BAY (CIRCLE	ŧ	ET ADDRESS					{	
CITY-ST-ZIP	FORT M	YERS, FL 33912		CITY	-ST-ZIP		·				
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13. I hereby	certify that the	nformation supplied with th	is filing does not qualify for t	he exe	mption stated	i in Sect	ion 119.07(3)(i).	Florida Statute	s. I further ce	rtify that the in	dormation

3. I hereby certify that the information supplied with this filing does not quality 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 it 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

4/26/0

941-457-8822 Davins Phone