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2002 Uniform Business Report (UBR)

Apr 03, 2002 8:00 am Secretary of State DOCUMENT # P97000017078 1. Entity Name 04-03-2002 90190 010 ***150 00 EASTERN FLAVOR HOUSE, INC Principal Place of Business Mailing Address 2455 L BLDG D MCMULLEN BOOTH 2455 L BLDG D MCMULLEN BOOTH **CLEARWATER FL 33759 CLEARWATER FL 33759** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3428075 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WONG, PIK C Street Address (P.O. Box Number is Not Acceptable) 2455 L BLDG D MCMULLEN BOOTH SAFETY HARBOR FL 34619 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE ☐ Change D NAME WONG, PIK C NAME STREET ADDRESS STREET ADDRESS 1188 OVERCASH DRIVE CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE Delete Change Addition TITLE NAME NAME LAWSON, CHENG CHUN W STREET ADDRESS STREET ADDRESS ROOM 1001 BLOCK F YUE TIN COURT, SHATIN CITY-ST-ZIP CITY-ST-ZIP N. T. HONG KONG TILLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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