

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000027617**

1. Entity Name

**SJ COUNTRYSIDE FOOD INC.****FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90097 002 \*\*\*150.00

Principal Place of Business

Mailing Address

**6950 CYPRESS RD #208-15  
PLANTATION FL 33317****6950 CYPRESS RD #208-15  
PLANTATION FL 33317-2370**

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**Countryside Mall,****95 Royal Crest Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**27001 US Hwy 19 North, Sp.2087****Unit #3**

City &amp; State

City &amp; State

**Clearwater, FL 33761****Markham, Ontario L3R 9X5**

4. FEI Number

**59-3486213**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

Zip

Country

**33761****USA**

Zip

Country

**L3R 9X5****Canada**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**Pauline Ko**

Street Address (P.O. Box Number is Not Acceptable)

**6326 Grand Bahama Circle, Suite G**

City

**Tampa****FL**

Zip Code

**33615**

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

**Pauline Ko****Mar 20, 2000**

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PSD</b>			
	<b>PANG, ALEX</b>			
	<b>9 HIGHBRIDGE RD RICHMOND HILL</b>			
	<b>ONTARIO CA 94611</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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

**Alex Pang****Mar 20, 2000****905-474-0710**

Date

Daytime Phone #

CR2E034 (9/99)