

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91357 021 \*\*\*150.00

0262596

**DOCUMENT # P97000027617**

1. Entity Name

**SJ COUNTRYSIDE FOOD INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**COUNTRYSIDE MALL**

3. Mailing Address

**95 ROYAL CREST COURT**

Suite, Apt. #, etc.

**27001 US HWY 19 NORTH SP2087**

Suite, Apt. #, etc.

**UNIT 3**

City &amp; State

**CLEARWATER, FL**

City &amp; State

**MARKHAM, ONTARIO**

Zip

**33761**

Country

**USA**

Zip

**L3R 9X5**

Country

**CANADA**

4. FEI Number

**59-3486213**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHOMPOONICH, EDDY  
6326 GRAND BAHAMA CIRCLE  
APT. G  
TAMPA FL 33615**

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**

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, 2001 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	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>PANG, ALEX</b>	
STREET ADDRESS	<b>9 HIGHBRIDGE RD RICHMOND HILL</b>	
CITY-ST-ZIP	<b>ONTARIO CA L4B1Y</b>	

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		

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

TITLE	<b>VSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DANIEL CHIM</b>	
STREET ADDRESS	<b>16 PERDUE CRT</b>	
CITY-ST-ZIP	<b>MARKHAM, ONTARIO</b>	

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**ALEX PANG****APRIL 20, 2001****905-474-0710**

Date

Daytime Phone #

CR2E034 (10/00)