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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062142 (9)

Block 12 or Block 13 if changed or on an attachment with an address

YU GARDENS ESTAURANT, INC.

Principal Place of Business

Mailing Address

FILED Jan 22 1998 8:00am Secretary of State



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7827 PALM RIVER RD 7827 PALM RIVER RD TAMPA FL 33619 **TAMPA FL 33619** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/01/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Źψ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ΠNo 24 25 29 30 Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YANG, SUNG K 7827 PALM RIVER RD 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33619** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) 72E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE YANG, SUNG K NAME 1.2 NAME 7827 PALM RIVER RD STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP 1.4 CITY - ST - 7IF DELETE Change Addition TITLE 2.1 TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - SI - ZIP DELETE Addition Charige TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 IIILE 5.2 NAME NAME STREET ADDRESS 5.3 STREFT ADDRÉSS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 THEF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-7IP 14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this annual report or supplemental annual 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