## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all of

SIGNATURE:

ner like empowered.

## Feb 28, 2002 8:00 am Secretary of State DOCUMENT # P97000062142 1. Entity Name 02-28-2002 90066 035 \*\*\*150.00 YU GARDENS ESTAURANT, INC. Mailing Address Principal Place of Business 7827 PALM RIVER RD 7827 PALM RIVER RD **TAMPA FL 33619 TAMPA FL 33619** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3458119 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YANG, SUNG K Street Address (P.O. Box Number is Not Acceptable) 7827 PALM RIVER RD **TAMPA FL 33619** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE Delete TITLE NAME NAME yang, sung K STREET ADDRESS 7827 PALM RIVER RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33619** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone

**FILED**