

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90079 041 ***150.00

DOCUMENT # P97000078600

1. Entity Name
CHINA DUMPLING, INC.

Principal Place of Business
1899 N CONGRESS AVE
5
BOYNTON BEACH FL 33426

Mailing Address
5355 TOWN CENTER RD
SUITE 801
BOCA RATON FL 33486



2. Principal Place of Business

3. Mailing Address

1899 N Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach FL

4. FEI Number

22-3559244

Applied For

Not Applicable

Zip

Country

Zip

Country

33426 Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGLEHARD, SHELDON
2950 FLORIDA BLVD
DELRAY BEACH FL 33483

Name

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

City

FL

Zip Code

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

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, 2002 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 **D** ☒ Delete
NAME **GARY GALIMIDI**
STREET ADDRESS **2970 FLORIDA BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D.** ☒ Change ☐ Addition
NAME **Thomas Rane SC**
STREET ADDRESS **1899-5 N. Congress Ave**
CITY-ST-ZIP **Boynton Beach FL 33426**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/02 **561**
137-2782

CR2E034 (9/01)