## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P97000097830** Jul 13, 2000 8:00 am Secrétary of State MONGOLIA WOK, INC. 07-13-2000 90020 007 \*\*\*150.00 Mailing Address Principal Place of Business 1403 LYONS ROAD 1403 LYONS ROAD COCONUT CREEK FL 33063 COCONUT CREEK FL 33063 2. Principal Place of Business 3. Mailing Address AS ABOVE ABOYZ らみりかえ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0802126 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name ----NG, PAUL Street Address (P.O. Box Number is Not Acceptable) 1403 LYONS ROAD **COCONUT CREEK FL 33063** Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete NAME NG, PAUL NAME STREET ADDRESS 1239 N.W. 87TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete Change ☐ Addition NAME LEE. SIMON NAME STREET ADDRESS 2201 N.W. 69TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 Change ☐ Addition ☐ Delete TITLE TITLE NAME -NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME

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 fustee 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/2000

(934) 956-0035

Daytime Phone #

Attachment Off PGNOUWU91830 OW69758

Mongolia Wok Inc. 1403, Lyons Rd Coconut Creek, 76.33065 7/7/00

To whom It may cincein,

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We received this second notice on July 5th and we never seceived the 1st notice before. I spoke to a lady in your dept., states I could just hay \$ 150 %. Enclosed with the check. Thanks

Paul Ng