CR2E034 (10/02)

Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

		W DOGIN			- 1,	,,	_	H- 11	_FD		
DOCUMENT # P98000036900 i. Entity Name CHEF CHEN RESTAURANT, INC.							03 APR -9 AM 11: 17 SECRETARY OF LIAIE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address								FALLAHASS	EE, FL	ORIĐA	
2300 CORAL WAY 2300 CORAL WAY								•			
SUITE 200 MIAMI FL 33145				SUITE 200 MIAMI FL 33145				المستقبل ال			
MIAMI FE 33143											
2. Principal F	lace of Busin	ness	3. Maili	3. Mailing Address				**************************************		UII B iil a laiu i	ABAN BAN KBAN K
Suite, Apt. #, etc. Suite, Apt. #, etc.							_				1
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State				4. FEI Number 65-0833331 Applied For Not Applicable			
Zip Country			Zip		try	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered	d Agent	L		7. Name	e and Address of New R			
					_	Name					
FLORIDA ANNUAL REPORT SERVICES, INC.					Street Address (P.O. Box Number is Not Acceptable)						
2300 CORAL WAY							·				
SUITE 200											
MIAMI FL 33145					City	FL Zip Code				le	
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of egistered agent and titlalit applicable. AMADA CANTERA LOPEZ, President (NOTE: Registered Agent signature required when reinstating) DATE											
Afte	! FEE IS \$150.00 03 Fee will be \$550.00 • Florida Department of	•		 Election Campaign Fir Trust Fund Contributio 	~ ~		00 May Be d to Fees				
10.		OFFICERS AND		RS	11.		l ADDITI	ONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PD			☐ Delete	TITLE					☐ Change	Addition
NAME	CHUNG, R	AFAEL 1. 117TH TERRACE			NAME	l l		6000158 /14/0301012-		₩150.[)Ü
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STREET ADDRESS CITY-ST-ZiP	14278 S.W MIAMI FL :	I. 117TH TERRACE				et address - St-zip	. \	٥			
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NAME				□ Delete	NAME	l l	H. 1	'/'		change	C) Addition
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NAME STREET ADDRESS				1	NAME STREE	ET ADDRESS					
CITY-ST-ZIP			11/		1	ST-ZIP					
12. I hereby of indicated of the cor	ertify that the on this repor poration or th	e information supplied wit t or supplemental report te receiver or trustee emp	this ville of true and a swared to e	does not qualify for accurate and that nexport	the exer	nption stated in Sure shall have the ed by Chapter 60	ection 119.0 same legal 7, Florida St	07(3)(i), Florida Statutes. (effect as if made under of tatutes; and that my name	further cert eath; that I a appears in	tify that the in im an officer a Block 10 or	nformation or cirector r Block 11 if
indicated on this report or supplemental report street and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or cirector of the corporation or the receiver or trustee emphasized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: SIGNATURE:											
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