

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000047559**

1. Entity Name

**CHINA STAR CHINESE RESTAURANT, INC.** ✓**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90109 008 \*\*\*550.00

Principal Place of Business

**1931 N. COVE BLVD.  
PANAMA CITY FL 32405**

Mailing Address

**1931 N. COVE BLVD.  
PANAMA CITY FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3519748**

Applied For

Not Applicable

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****VADAKIN, SOMCHAI  
1931 N COVE BLVD  
PANAMA CITY FL 32405**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	KREBS, HEIDI J	NAME	
STREET ADDRESS	43 HILLCREST DR	STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	VADAKIN, SOMCHAI	NAME	
STREET ADDRESS	43 HILLCREST DR	STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Somchai V. Vadakin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00

Date

850-269-3799

Daytime Phone #

CP2E034 (5/00)