

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/31

**FILED**  
Feb 27, 2001 8:00 am  
Secretary of State

01-31-2001 90307 029 \*\*\*150.00

DOCUMENT # P98000051515

1. Entity Name  
ASIAN CAFE, INC.

Principal Place of Business  
7200 U.S. 19 NORTH UNIT 168  
PINELLAS PARK FL 33781

Mailing Address  
7200 U.S. 19 NORTH UNIT 168  
PINELLAS PARK FL 33781

2. Principal Place of Business

Parkside Mall

Suite, Apt. #, etc.

168

City & State

Pinellas Park, FL

Zip  
33781

Country  
USA

3. Mailing Address

7200 U.S. 19 North

Suite, Apt. #, etc.

168

City & State

Pinellas Park, FL

Zip  
33781

Country  
U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3516597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAN DO, THUOC  
7200 U.S. 19 NORTH UNIT 168  
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

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, 2001 - 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

TITLE ☒ Manager  
NAME VAN DO, THUOC  
STREET ADDRESS 9554 90TH AVENUE  
CITY-ST-ZIP LARGO FL 33777

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THUOC VAN DO 1/15/01 (727) 521-3378

Date

Daytime Phone #

CR2034 (10/00)