

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-21-2003 90344 016 ***150.00
P98000051515

FILED

03 APR 29 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000051515

1. Entity Name
ASIAN CAFE, INC.



Principal Place of Business
PARKSIDE MALL
168
PINELLAS PARK FL 33781

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

2. Principal Place of Business

3. Mailing Address

2837 28TH STREET N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg

Zip

Country

Zip

Country

4. FEI Number

59-3516597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

NGUYEN, CA VAN

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

2837 28TH STREET NORTH

City

St. Petersburg

FL

Zip Code

33713

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR & PRESIDENT
NGUYEN, CA VAN
2837 28TH STREET NORTH
St. Petersburg FL 33713

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)