

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000072412		
1. Entity Name MANDARIN CUISINE, INC.		

Principal Business	Mailing Address
7350 CURRY FORD RD ORLANDO, FL 32822	7350 CURRY FORD RD ORLANDO, FL 32822

2. Place of Business	3. Mailing Address
	Suite Apt #, etc
	City & State
Country	Zip
Country	Country

03172004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3530308	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CHEN, MIN RUN 7350 CURRY FORD ROAD ORLANDO, FL 32833

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. I, the undersigned, submit 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 responsibility of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	CHEN, MIN BUN
STREET ADDRESS	7350 CURRY FORD ROAD
CITY-STATE-ZIP	ORLANDO, FL 32822
TITLE	☐ Delete
NAME	ZHENG, JUN C
STREET ADDRESS	7350 CURRY FORD RD
CITY-STATE-ZIP	ORLANDO, FL 32822
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information submitted 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 trust or other entity, and that my name appears in Block 10 or Block 11 of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE: _____ DATE: 4-3-04 4078987144