

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90190 049 \*\*\*150.00

**DOCUMENT # P98000079171**

1. Entity Name  
**KING'S CHEF, INC.**

Principal Place of Business      Mailing Address  
**N.E. 125TH STREET      476 N.E. 125TH STREET**  
**MIAMI FL 33161      NORTH MIAMI FL 33161**

2. Principal Place of Business      3. Mailing Address  
**476 NE 125th St      476 NE 125th St**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**N Miami FL      N Miami FL**  
Zip      Zip  
**33161      33161**  
Country      Country  
**U.S.A      U.S.A**

6. Name and Address of Current Registered Agent

**U, YI**  
**459 NE 210 CIR TERR #202**  
**MIAMI FL 33179**

4. FEI Number      Applied For  
**65-0869945**      ☐ Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
☐

7. Name and Address of New Registered Agent

Name      **LI YI**  
Street Address (P.O. Box Number is Not Acceptable)  
**459 NE 210 CIR TERR #202**  
City      **MIAMI**      FL      Zip Code      **33179**

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]*      DATE      **2/14/00**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

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, 2000 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  
☐

## OFFICERS AND DIRECTORS

<b>M</b>	<input type="checkbox"/> Delete
<b>U, YI</b>	
<b>476 N.E. 125TH STREET</b>	
<b>NORTH MIAMI FL 33161</b>	
ST ZIP	
<input type="checkbox"/> Delete	
ADDRESS	
ST ZIP	
<input type="checkbox"/> Delete	
ADDRESS	
ST ZIP	
<input type="checkbox"/> Delete	
ADDRESS	
ST ZIP	
<input type="checkbox"/> Delete	
ADDRESS	
ST ZIP	

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]*

**2/14/00**      **(305) 895-7878**