

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT #

1. Entity Name

ORIENTAL GARDEN, Inc

Principal Place of Business

Mailing Address

ORIENTAL GARDEN
RESTAURANT

1351 A. St Lucie West Blvd
PORT. St Lucie, FL 34986

2. Principal Place of Business

ORIENTAL GARDEN Restaurant

3. Mailing Address

1351 A St Lucie W. Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie, FL 34986

City & State

Port St Lucie FL 34986

4. FEI Number

65-087-67-89

Applied For

Not Applicable

Zip

FL 34986

Country

Port St Lucie

Zip

FL 34986

Country

Port St Lucie

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

PAK YIN POE

Name

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

6704 NW 62 St Tamarac

FL 33321

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

PAK YIN POE
Signature, typed or printed name of registered agent and title if applicable

PAK YIN POE

(NOTE: Registered Agent signature required when reinstating)

4-31-2000
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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PAK YIN POE (President) ☐ Delete
6704 NW 62 St TAMARAC FL 33321

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOHN LUK Vice President ☐ Delete
FL 33162
1944 NE 176th St N. Miami

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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

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:

PAK YIN POE
PAK YIN POE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000

Date

Daytime Phone #

1-954-721-3471

1-561-343-9006

CR2E034 (9/99)