

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008637

1. Entity Name

CHOW'S DINING, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90107 044 \*\*\*150.00

Principal Place of Business

Mailing Address

14990 BLACKBIRD LANE  
 FORT MYERS FL 33919

14990 BLACKBIRD LANE  
 FORT MYERS FL 33919-8350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1400 COLONIAL BLVD

1400 COLONIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

335

335

City & State

City & State

FORT MYERS, FL

FORT MYERS, FL

Zip 33907

Country U.S.A.

Zip 33907

Country U.S.A.

4. FEI Number

65-0899957

Applied For

Not Applicable

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

RANDOLPH, MICHAEL D  
 1619 JACKSON ST.  
 FT. MYERS FL 33901

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, 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 D ☐ Delete  
 NAME CHOW, LOAN-THI  
 STREET ADDRESS 14990 BLACKBIRD LANE  
 CITY-ST-ZIP FORT MYERS FL 33919

TITLE D ☐ Change ☒ Addition  
 NAME QI MING SU  
 STREET ADDRESS 11418 HARBORVIEW CT.  
 CITY-ST-ZIP FORT MYERS FL 33917

TITLE D ☒ Delete  
 NAME LAM, KIM-FAT  
 STREET ADDRESS 193 MINNA STREET  
 CITY-ST-ZIP BROOKLYN NY 11218

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(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

QI MING SU 3-7-00

Date

Daytime Phone #

CR2E034 (9/99)