## PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900035238

1. Entity Name
ISLANDS IN THE PINES RESTAURANTING



## DO NOT WRITE IN THIS SPACE

O3 APR 30 AMII: 31
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

4.4	Place of Business	3. Mailing Address						
162 N UNIVERSITY DR.		16Z N UNIVERSITYDY		4921	-			
Suite, Apt.	#, etc. \	Suite, Apt. #, etc.		.	DO NOT WRI	TE IN THIS SE	'ACE	
Sity & State	e   0 ·	City & State	0. =	<del></del>	4. FEI Number		Appli	ied For
1 Pembr	rolle Pines FL	Pembroke	YINGS HC		65-0914-	147	Not A	Applicable
3302	Y BROWNED.	Zip 33024	BROWA	RD_	5. Certificate of Status Desired		8.75 Addition	onal
	Control of the Contro		F. Jr.	7. Name and Address of Current Registered Agent				
Name CHELETA D. LYN.								
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)								
IN THIS SPACE								
		er ar egy state state, statistic er er energe storest kjørensstatis						
			City <b>f</b>	embro	le Pines	FL	Zip Code	28
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 Chalet Chry Treasurer CHELETA D. LYN								
SIGNATURE Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
January 1 - May 1 Fee is \$150.00								
	After May 1, Fee is \$550.00 Amended UBR is \$61.25				<ol> <li>Election Campaign Fir Trust Fund Contributio</li> </ol>	~ —	\$5.00 Added to	
Make Check Payable to Florida Department of State								
10.	OFFICERS AND I	DIRECTORS	y .		errengan samu sa Juniung danggang danggang sa malay samu	AND PARTY OF THE ST		<b>姓红鹭</b>
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NAME	SABrina m Lue.	_	NAME		900016 04/21/03010	gee!	549	
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NAME			NAME		IN THIS	SPAC	E	
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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								

2. I hereby certify that the information supplied with this filling 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 on an attachment with an address with all other like/empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 954431-7606 Date Dayline Phone #