

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90252 034 \*\*\*150.00

**DOCUMENT # P99000043121**

1. Entity Name  
**TASTE OF HONG KONG, INC.**

Principal Place of Business

**6540 CARRIER DRIVE  
ORLANDO FL 32819**

Mailing Address

**5736 DONNELLY CIRCLE  
ORLANDO FL 32821**

2. Principal Place of Business

**6540 Carrier Drive**

Suite, Apt. #, etc.

3. Mailing Address

**5736 Donnelly Circle**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

Zip

**32819**

Country

City & State

**Orlando, FL**

Zip

**32821**

Country

4. FEI Number

**59-3575210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHAU, AGNES MAN YEE  
315 E. ROBINSON STREET  
SUITE 600  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

**AGNES CHAU, ESQ**

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

**LAW OFFICES OF AGNES CHAU P.A.**

**207 E. LIVINGSTON STREET**

City

**ORLANDO**

**328**

**FL**

Zip Code

**32801**

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]*

**AGNES CHAU, Esq.**

**4/10/01**

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, 2001 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

TITLE **D** ☐ Delete  
NAME **CHAU, KIN-PUI**  
STREET ADDRESS **5736 DONNELLY CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D. P. T. S.** ☒ Change ☐ Addition  
NAME **CHAU, KIN-PUI**  
STREET ADDRESS **5736 DONNELLY CIRCLE**  
CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE **D** ☐ Change ☒ Addition  
NAME **CHAU, SUP**  
STREET ADDRESS **5736 DONNELLY CIRCLE**  
CITY-ST-ZIP **ORLANDO, FL 32821**

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

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

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

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]*

**CHAU, KIN-PUI, P. 4/10/01 407-248-2863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0481676