

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053528

1. Entity Name

CHINA CUISINE, INCORPORATED

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90209 034 ***150.00

Principal Place of Business

Mailing Address

90 NO. TRIPLET LAKE DRIVE
CASSELBERRY FL 32707

90 NO. TRIPLET LAKE DRIVE
CASSELBERRY FL 32707-3320

2. Principal Place of Business

7800 S. HWY 17-92

3. Mailing Address

7800 S. HWY 17-92

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

112

City & State

FERN PARK, FL

City & State

FERN PARK, FL

4. FEI Number

59-3580007

Applied For

Not Applicable

Zip

32730

Country

U.S.A.

Zip

32730

Country

U.S.A.

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

CHOU, HONG KUNG
90 NO. TRIPLET LAKE DRIVE
CASSELBERRY FL 32707

Name CHOU, HONG KUNG

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

7800 S. HWY 17-92, SUITE 112

City

FERN PARK

FL

Zip Code

32730

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

Hong Kung Chou

HONG KUNG CHOU

4-27-2000

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

TITLE P ☐ Delete
NAME CHOU, HONG KUNG
STREET ADDRESS 90 NO. TRIPLET LAKE DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE S ☐ Delete
NAME CHOU, YA LING LEE
STREET ADDRESS 90 NO. TRIPLET LAKE DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Hong Kung Chou

HONG KUNG CHOU

4-27-2000 (407)331-8131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)