

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90298 027 ***150.00

DOCUMENT # P 99000063555

1. Entity Name
WEN'S MANDARIN HOUSE, INC.

Principal Place of Business **Mailing Address**

3331 SHERIDAN STREET **3331 SHERIDAN STREET**
HOLLYWOOD, FL 33021 **HOLLYWOOD, FL 33021**

2. Principal Place of Business **3. Mailing Address**

3331 SHERIDAN STREET **3331 SHERIDAN STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
HOLLYWOOD **HOLLYWOOD**

Zip **Country** **Zip** **Country**
33021 **33021** **33021**

4. FEI Number **Applied For**
65-0956356 ☐ **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**

CHOU, PENG YU **CHOU, PENG YU**
3331 SHERIDAN STREET **3331 SHERIDAN STREET**
HOLLYWOOD, FL 33021 **HOLLYWOOD, FL 33021**

9. 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 **DATE**

8. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!! FEE IS \$150.00** **10. Election Campaign Financing**

(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00** **Trust Fund Contribution.**

☐ **Make Check Payable to Department of State** ☐ **\$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	D CHOU, PENG YU 3331 SHERIDAN ST HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHOU, PEI SHAN 3331 SHERIDAN ST HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHOU, YI WEN 3331 SHERIDAN ST HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** **Daytime Phone #**