

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90097 016 \*\*\*558.75

**DOCUMENT # P99000078961**

1. Entity Name

**EASTERN PEARL FOODS, INC.**



Principal Place of Business

**478 E. ALTAMONTE DR**

**102**

**ALTAMONTE SPRINGS FL 32701**

Mailing Address

**213 HERON ST**

**ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3605602**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HUANG, ZHONG CHUAN**

**477 WHITTINGHAM PL**

**LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name **PAULA AHN**

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

**213 HERON ST.**

**ALTAMONTE SPRINGS,**

City

**FL**

Zip Code

**32701**

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

**PAULA AHN**

*Paula AHN*

**9-9-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPD**  
**HUANG, ZHONG CHUAN**  
**477 WHITTINGHAM PL**  
**LAKE MARY FL 32746**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSC**  
**AHN, PAULA**  
**213 HERON ST**  
**ALTAMONTE SPRINGS FL 32701**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 Block 11 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

Date

Daytime Phone #

**PAULA AHN - PSC 9-9-03 407-339-887**

CR2E034 (4/03)