2000 UNIFORM BUSINESS REFORE (UBR)

FILED Jun 06, 2000 8:00 am Secretary of State DOCUMENT # P99000080252 INTERNET RESTAURANT MENU, INC. 04-27-2000 90002 021 ***150.00 Principal Place of Business Mailing Address 5808-A LAKE UNDERHILL RD. 5808-A LAKE UNDERHILL RD. ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address 4780 <u>Deer</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEUNG, KAI Street Address (P.O. Box Number is Not Acceptable) 5808-A LAKE UNDERHILL RD. ORLANDO FL 32822 City Zip Code his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE, Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** TITLE ☐ Addition Delete TIM 6 ☐ Change NAME LEUNG, KAI NAME STREET ADDRESS 5808-A LAKE UNDERHILL RD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-7IP TITLE ☐ Change ~ -- ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITI: -ST-ZIP CITY-ST-ZIP Change ☐ Addition HILE Delete TITLE NAME ATTICLE ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME - _ +DDRESS STREET ADDRESS C01Y-S1-7/P ST-ZP 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 tike empowered: - NATURE: SIGNATURE AND T SIGNING OFFICER OF DIRECTOR