

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111718

1. Entity Name
GOOD FOOD SERVICE, INC.

f

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90029 015 ***150.00

Principal Place of Business

3944 WATERVIEW LOOP
WINTER PARK FL 32792

Mailing Address

3944 WATERVIEW LOOP
WINTER PARK FL 32792

A0079163



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3620991

Applied For

Not Applicable

Zip

Country

Zip

Country

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

YIN CHAN, SIU
3944 WATERVIEW LOOP
WINTER PARK FL 32792

Name

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

City

FL

Zip Code

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, 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 \$550.00 *1500*
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Kim Chan, Siu

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*President
Kim Chan, Siu
3944 Waterview Loop
Winter Park, FL 32792*

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00

Date

407-3538380

Daytime Phone #

CR2E034 (5/00)

Attachment Doc #

P99000111718
A0074165

August 14, 2000

3944 Waterview Loop
Winter Park, FL 32792

FL Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Representative:

I am writing to you regarding the 2000 Uniform Business Report we received requesting a filing fee of \$550.00. Good Food Service, Inc. was incorporated on December 27, 1999. We did not receive a Uniform Business Form from the state requesting an initial amount due on April 1, 2000, and we thought that it was due to the fact that the company was not incorporated until the last few days of the previous year.

Enclosed is the Uniform Business Report along with a check for \$150.00. Please accept this amount under the circumstances, as we would like to remain in good standing with the state. Thanks for your help in resolving this issue.

Sincerely,

Siu Yin Chan