

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2003 8:00 am
Secretary of State

5.

05-05-2003 91443 021 ***150.00

DOCUMENT # S64247

1. Entity Name
CHINA PALACE EXPRESS II, INC.



Principal Place of Business
1780 N. HONORE AVE.
SARASOTA FL 34235

Mailing Address
1780 N. HONORE AVE.
SARASOTA FL 34235

55049174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0270093**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

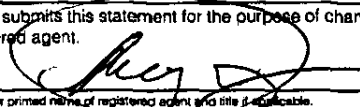
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANG, DAVID
1780 N. HONORE AVE
SARASOTA FL 34235

Name **JANG, MAY**
Street Address (P.O. Box Number is Not Acceptable)
1780 N. HONORE AVE
City **SARASOTA** **FL** **Zip Code** **34235**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **MAY, JANG**
STREET ADDRESS **1780 N. HONORE AVE.**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **JANG, MAY** **PO** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1780 N. HONORE AVE.**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **PD** ☒ Delete
NAME **JANG, DAVID**
STREET ADDRESS **1780 N. HONORE AVE.**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **WONG, KIM B** **VD** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1780 N. HONORE AVE.**
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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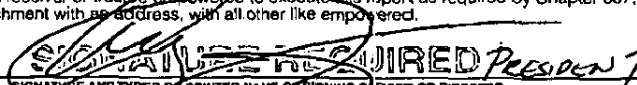
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/30/03
Date

(941) 377-0064
Daytime Phone #

CR20034 (10/02)