## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

971 W. FAIRBANKS AVE.

ORLANDO FL 32804

3. Mailing Address

City & State

Suite, Apt. #, etc.

## DOCUMENT # **V08769**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

971 W. FAIRBANKS AVE.

Suite, Apt. #, etc

City & State

ORLANDO FL 32804

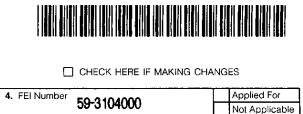
WINTER PARK DELICATESSEN, INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90170 033 \*\*\*150.00

42002918



Zip Country Zip 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 CHANH TOHN, NGUYEN Street Address (P.O. Box Number is Not Acceptable) 971 W. FAIRBANKS AVE. ORLANDO FL 32804 City 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. I am familiar with, and accept

the obligat	tions of registered agent.		
SIGNATURE 1	and the second s		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

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

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

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NGUYEN, CHANH Q. NAME NAME STREET ADDRESS 4409 STEED TERR. STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NGUYEN, NGAN M. NAME NAME STREET ADDRESS 4409 STEED TERR. STREET ADDRESS CITY-ST-ZIE WINTER PARK FL 32792 CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME -STREET ADDRESS 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

1-31-08

407 740 8002 Daytime Phone #