

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P35378**

1. Entity Name

**PANDA EXPRESS, INC.**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90167 029 \*\*\*150.00

Principal Place of Business

Mailing Address

899 EL CENTRO ST  
 SOUTH PASADENA CA 91030  
 US

899 EL CENTRO ST  
 SOUTH PASADENA CA 91030-5211  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**95-4318504**

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

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	DIRECTOR	<input type="checkbox"/> Delete
NAME	CHERNG, ANDREW	
STREET ADDRESS	2040 ASHBOURNE DRIVE	
CITY-ST-ZIP	S PASADENA CA	
TITLE	PT	<input type="checkbox"/> Delete
NAME	CHERNG, PEGGY	
STREET ADDRESS	2040 ASHBOURNE DRIVE	
CITY-ST-ZIP	S PASADENA CA	
TITLE	VPFC	<input type="checkbox"/> Delete
NAME	THEUER, JOHN F	
STREET ADDRESS	6208 W 77TH STREET	
CITY-ST-ZIP	LOS ANGELES CA 90045	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHENG, IRENE	
STREET ADDRESS	813 SUMMIT DRIVE	
CITY-ST-ZIP	S. PASADENA CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILKINSON, R. MICHAEL	
STREET ADDRESS	6351 TURNBERRY CIR	
CITY-ST-ZIP	HUNTINGTON BCH CA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LIU, STANLEY N.	
STREET ADDRESS	1022 S MARENGO AVE #2	
CITY-ST-ZIP	ALHAMBRA CA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 11, 2000, (626) 799-9898

Date

Daytime Phone #

CR2E034 (9/99)