

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90012 028 \*\*\*\*61.25

**DOCUMENT # 731115**

1. Entity Name

**ON LEONG MERCHANT ASSOCIATION, INC.**

Principal Place of Business

1750 W. FLAGLER ST  
 MIAMI FL 33135

Mailing Address

1750 W. FLAGLER ST  
 MIAMI FL 33135-2017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1705188**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAT KWAN, WING**  
**546 HIALEAH DRIVE**  
**HIALEAH FL 33010**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
 NAME: **LOUK, WAYNE M.**  
 STREET ADDRESS: **13203 SW 40 TERR**  
 CITY-ST-ZIP: **MIAMI FL 33175**

T  
 NAME: **MOY, FERNANDO**  
 STREET ADDRESS: **3251 E 11 AVE**  
 CITY-ST-ZIP: **HIALEAH FL 33013**

T  
 NAME: **LI, FELIPE**  
 STREET ADDRESS: **13930 LAKE SUCCESS**  
 CITY-ST-ZIP: **MIAMI LAKES FL 33014**

D  
 NAME: **MUI, WAI CHIU**  
 STREET ADDRESS: **3251 E 11TH AVE.**  
 CITY-ST-ZIP: **HIALEAH FL 33013**

P  
 NAME: **FAT KWAN, WING**  
 STREET ADDRESS: **546 HIALEAH DRIVE**  
 CITY-ST-ZIP: **HIALEAH FL 33010**

V  
 NAME: **CHENG, N.K.**  
 STREET ADDRESS: **9709 SW 57 ST**  
 CITY-ST-ZIP: **COOPER CITY FL 33328**

T  
 NAME: **SIU FUNG TANG**  
 STREET ADDRESS: **8181 N.W. 36 ST #suit 27A**  
 CITY-ST-ZIP: **Miami FL 33166**

D  
 NAME: **FAT KWAN WING**  
 STREET ADDRESS: **546 HIALEAH DRIVE**  
 CITY-ST-ZIP: **HIALEAH FL 33010**

P  
 NAME: **MUI, Wai Chiu**  
 STREET ADDRESS: **3251 E 11 AVE**  
 CITY-ST-ZIP: **HIALEAH, FL 33013**

V  
 NAME: **SHUEK WAH TAM**  
 STREET ADDRESS: **12987 E 160 ST**  
 CITY-ST-ZIP: **MIAMI BEACH FL 33162**

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 617, 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)