

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90376 036 ****70.00

DOCUMENT # 731115

1. Entity Name

ON LEONG MERCHANT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1750 W. FLAGLER ST
 MIAMI FL 33135

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 MIAMI FL 33135

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

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. 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)

DATE

7-9-02

After September 13, 2002,
min. will be \$236.25.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
T	LOUK, WAYNE M	13203 SW 40 TERR	MIAMI FL 33175				
T	MOY, FERNANDO	3251 E 11 AVE	HIALEAH FL 33013				
T	FUNG TANG, SIU	8181 MW 36ST SUITE 27A	MIAMI FL 33166	T. JAMES LEONG	1750 W FLAGLER ST.	MIAMI FLA 33135	
D	KWAN WING, FAT	546 HIALEAH DR	HIALEAH FL 33010				
P	WAI CHIU, MUI	3251 11 AVE	HIALEAH FL 33013				
V	WAH TOM, SNUCK	1298 NE 160ST	MIAMI 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 REQUIRED

7-9-02

CR2E037 (4/02)