

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90145 050 \*\*\*\*61.25

UBR40208

**DOCUMENT # 731115**

1. Entity Name  
**ON LEONG MERCHANT ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1750 W. FLAGLER ST 1750 W. FLAGLER ST**  
**MIAMI FL 33135 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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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

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

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LOUK, WAYNE M</b>	
STREET ADDRESS	<b>13203 SW 40 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MOY, FERNANDO</b>	
STREET ADDRESS	<b>3251 E 11 AVE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEONG, JAMES</b>	
STREET ADDRESS	<b>1750 W FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KWAN WING, FAT</b>	
STREET ADDRESS	<b>546 HIALEAH DR</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WAI CHIU, MUI</b>	
STREET ADDRESS	<b>3251 11 AVE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WAH TOM, SNUCK</b>	
STREET ADDRESS	<b>1298 NE 160ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	

TITLE	<b>S.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUK, EDWARD</b>	
STREET ADDRESS	<b>10090 NW 129 TERR</b>	
CITY-ST-ZIP	<b>HIALEAH GARDENS, FL 33018</b>	
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		

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:

CR2E037 (10/02)