

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90329 028 \*\*\*150.00

**DOCUMENT # P96000067672**

1. Entity Name  
**KIM MON TRADING INC.**

Principal Place of Business  
**831 N. MILLS AVENUE**  
**ORLANDO FL 32803**  
**US**

Mailing Address  
**8414 SUNSPRITE ST.**  
**ORLANDO FL 32818**  
**US**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>831 N. MILLS AVE</b>		4. FEI Number <b>59-3391792</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State <b>ORLANDO, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip <b>32803</b>	Country		

6. Name and Address of Current Registered Agent <b>CHIN, DENNIS K</b> <b>8414 SUNSPRITE STREET</b> <b>ORLANDO FL 32818</b>			7. Name and Address of New Registered Agent		
			Name <b>CHIN, DENNIS</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>831 N. MILLS AVE</b>		
			City <b>ORLANDO</b>		FL Zip Code <b>32803</b>

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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CHIN, DENNIS K</b> <b>8414 SUNSPRITE STREET</b> <b>ORLANDO FL 32818</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>CHIN, REGINA</b> <b>8505 PADOVA CT.</b> <b>ORLANDO, FL 32836</b>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ZHOU, MIN HUA</b> <b>8505 PADOVA CT</b> <b>ORLANDO, FL 32836</b>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **CHIN, REGINA** **2-20-02** **407-895-5056**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)