Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # V71561 1. Entity Name YEUNG CORPORATION				Feb 07, 2002 8:00 am Secretary of State 02-07-2002 90155 008 ***150.00				
Principal Place of Business 11232 PINES BLVD PEMBROKE PINES FL 33026 US		Mailing Address †1232 PINES BLVD PEMBROKE PINES FL 33026 US						
2. Principal Place of Business		3. Mailing Address			T (EDIS BIIDIS IDDAS IICE) BIISE ASIRI SIES DIA	{	9 14 6 1841 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4 . F	65-0366185		plied For t Applicable	
Zìp	Country	Zip	Country	5 . C	Certificate of Status Desired	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current R	egistered Agent		7. N	ame and Address of New Registere	d Agent		
			Name					
YEUNG, MAN C 11232 PINES BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
PEMBROKE PINES FL 33025			*	*				
			City		F	Zip Code	•	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Comparison of the properties of a possible of the printed service of the pri			Fee will be \$550.00	,	nstating) DATI 10. Election Campaign Financing Trust Fund Contribution.	\$5.0	O May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YEUNG, MAN C 750 NW 155 TER PEMBROKE PINES FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT YEUNG, DICK MAN YIN 1484 BLUE JAY CIRCLE WESTON FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
indicated of the cor	certify that the information supplied with to this report or supplemental report is to reportation or the receiver or trustee empoy, or on an attachment with an address, wi	rue and accurate and that my vered to execute this report as	signature shall have th	e same le	egal effect as if made under oath; that	t I am an officer	or director	