

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000017274**

1. Entity Name

Harbour Plaza Marketing Inc.

FILL

00 APR 27 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
Aventura Corporate Centre
20801 Biscayne Boulevard
Suite 401, Aventura
Florida 33180, U.S.A.

Mailing Address
Aventura Corporate Centre
20801 Biscayne Boulevard
Suite 401, Aventura
Florida 33180, U.S.A.

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

65-0852569

Applied For

Not Applicable

5. Certificate of Status Desired

not required

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street, Tallahassee,
Florida 32301, U.S.A.

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 N/A

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **not** **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees
required

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director <input type="checkbox"/> Delete
NAME	Susan Chow
STREET ADDRESS	22nd Floor, Hutchison House,
CITY-ST-ZIP	10 Harcourt Road, Hong Kong
TITLE	Director and President <input type="checkbox"/> Delete
NAME	Dominic Lai
STREET ADDRESS	22nd Floor, Hutchison House
CITY-ST-ZIP	10 Harcourt Road, Hong Kong
TITLE	Director and Treasurer <input type="checkbox"/> Delete
NAME	P. C. Koh
STREET ADDRESS	22nd Floor, Hutchison House,
CITY-ST-ZIP	10 Harcourt Road, Hong Kong
TITLE	Director and Secretary <input type="checkbox"/> Delete
NAME	Edith Shih
STREET ADDRESS	22nd Floor, Hutchison House,
CITY-ST-ZIP	10 Harcourt Road, Hong Kong
TITLE	Director and Vice President <input type="checkbox"/> Delete
NAME	E. A. Waldburger
STREET ADDRESS	22nd Floor, Hutchison House,
CITY-ST-ZIP	10 Harcourt Road, Hong Kong
TITLE	<input type="checkbox"/> Delete
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	
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	

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: P. C. Koh (P. C. Koh)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 April 2000

Date

(852) 223-1818

Daytime Phone #

CR2E034 (9/99)