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## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 25, 2002 8:00 am 516351 **Secretary of State** DOCUMENT # 1. Entity Name 03-25-2002 90074 025 \*\*\*150.00 PEKING CITY, INC. Mailing Address Principal Place of Business 13868 SW 88 STREET 13868 SW 88 STREET MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1697091 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent Name FUNG. RAYMOND Street Address (P.O. Box Number is Not Acceptable) 13868 ŚW 88 STREET **MIAMI FL 33186** 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President Addition TITLE Delete TITLE CR2E034 (9/01 FUNG, RAYMOND i Ping 9336 SW-143RD PLACE NAME NAME 9336 SW 143RD PLACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP Vice President TITLE ☐ Delete TITLE Change Addition Sammy Fung 17137 NW 23RD STREET NAME NAME STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33028 CITY-ST-ZIP CITY-ST-ZIP TITLE - - Delete -- -TITLE - - - - - -Secretary --Addition Carol Loiong NAME NAME STREET ADDRESS STREET ADDRESS 17137 NW 23RD STREET PEMBROKE PINES, FL Secretary SaoMan Fong CITY-ST-7IP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS 9336 SW 143RD PMACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Miami, Fl. 33186</u> ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.