

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 665018

1. Entity Name

CANTON CHINA CORP.

Principal Place of Business

2530 N. POWERLINE ROAD. #401
POMPANO BEACH FL 33069

Mailing Address

2530 N. POWERLINE ROAD. #401
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEUNG, KWOK HUNG
32 COLUMBIA CT
POMPANO BCH FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

11823 N W 11Pl

City

Coral Springs

FL

Zip Code
33071

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEUNG, KWOK HUNG
32 COLUMBIA COURT
POMPANO BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11823 NW 11 Pl
Coral Springs, Fl. 33071 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KWOK HUNG LEUNG

4/6/01

Date

Daytime Phone #

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90068 003 ***150.00

C0043648



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0239198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0135703

CR2E034 (10/00)