

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F51990**

1. Entity Name

LAI WAH, INC.**FILED**
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90007 008 ***150.00

Principal Place of Business

**4109 TAMiami TRAIL
PT CHARLOTTE FL 33952
US**

Mailing Address

**4109 TAMiami TRAIL
PT CHARLOTTE FL 33980-2061
US**

2. Principal Place of Business

3. Mailing Address

22300 VICK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # 219

City & State

PORT CHARLOTTE FLORIDA

Zip

Country

33980**U.S.A.**4. FEI Number **59-2286223**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOY, LILY
4109 TAMiami TRAIL
PT CHARLOTTE FL 33952**

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 **LILY MOY PS**

Signature of the registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/01/009. 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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOY, LILY	NAME	
STREET ADDRESS	4109 TAMiami TRAIL	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> Delete	TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WONG, HEUNG S	NAME	LE, VUNG THANH LAM
STREET ADDRESS	4109 TAMiami TR	STREET ADDRESS	22300 VICK STREET # 219
CITY-ST-ZIP	PORT CHARLOTTE FL	CITY-ST-ZIP	PORT CHARLOTTE, FLORIDA 33980
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **LILY MOY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/00

Date

(941) 624-0900

Daytime Phone #

CR2E034 (9/99)