## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # G67820**

1. Entity Name

KAN-WEI ENTERPRISES, INC.

# FILED Jan 25, 2000 8:00 am Secretary of State

			01-2	25-2000 900	26 025	***150.0	)O
Principal Place of Business Mailing Address							
5310 N. STATE ROAD 7 FORT LAUDERDALE FL 3331	9-2916						
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Principal Place of Business     Address     Mailing Address							( <b>)                                   </b>
Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WR	ITE IN TH	IS SPACE	
City & State		4. FE	I Number	59-235096	 69		Applied For
Zip	Country	<b>5.</b> Ce					Additional
t Registered Agent		7. Na			Registere		
	Street Address	s (P.O. Bo	x Number is	Not Acceptab	le)		
	City			<del> </del>	F	Zip	Code
for the purpose of changing its r	egistered office or regist	tered ager	nt, or both, i	n the State of F	lorida.		
Total de l'este de 1975					DATE	<del></del>	
		rea when rein	stating)			<u> </u>	
After MAY 1, 200	0 Fee will be \$550.00			_	_		5.00 May Be dded to Fees
	12.	ADD	ITIONS/CH	IANGES TO OF	FICERS A		
☐ Delets	NAME STREET ADDRESS CITY-ST-ZIP					☐ Char	nge 🗌 Additio
☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 719					☐ Char	nge 🗍 Additio
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	CITY-ST-ZIP						
☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					☐ Char	nge 🗌 Addition
	S310 N. STATE ROAD 7 FORT LAUDERDALE FL 3331  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  It Registered Agent  for the purpose of changing its result of the purpose of	\$310 N. STATE ROAD 7 FORT LAUDERDALE FL 33319-2916  3. Mailling Address  Suite, Apt. #, etc.  City & State  Zip	\$310 N. STATE ROAD 7 FORT LAUDERDALE FL 33319-2916    3. Mailing Address   Suite, Apt. #, etc.     City & State   Zip   Country   S. Ce     It Registered Agent   Name     Street Address (P.O. Box     City   City     City   City   City     City   City   City     City   City   City     City   City   City   City     City   City   City   City     City   City   City   City     City   City   City   City   City     City   City   City   City   City   City     City	## Street Address   ## Address	Mailing Address  \$310 N. STATE ROAD 7 FORT LAUDERDALE FL 33319-2916  3. Mailing Address  Suite, Apt. #, etc.  City & State  Lip Country  5. Certificate of Status Desired Name  Street Address (P.O. Box Number is Not Acceptab  City  City  for the purpose of changing its registered office or registered agent, or both, in the State of F  and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Itel  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  Diffectors  Diffectors  12. Additions/CHANGES TO OF  Trust Fund Contribution  Diffectors  Title NAME  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME	Mailing Address  \$310 N. STATE ROAD 7 FORT LAUDERDALE FL 33319-2916  3. Mailing Address  Suite, Apt. #, etc.  DO NOT WRITE IN TH  City & State  4. FEI Number 59-2350969  Zip  Country  5. Certificate of Status Desired  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  For the purpose of changing its registered office or registered agent, or both, in the State of Florida.  (NOTE: Registered Agent signature required when reinstating)  DATI  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS A  ITLE  NAME  STREET ADDRESS  CITY-ST-2IP  Delete  TILE  NAME  STREET ADDRESS  CITY-ST-2IP  TILE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  TILE  NAME  STREET ADDRESS  STREET	S310 N. STATE ROAD 7 FORT LAUDERDALE FL 33319-2916  3. Mailing Address  Suite, Apt. #, etc.  City & State  4. FEI Number  59-2350969  Zip  Country  5. Certificate of Status Desired  S8.75 Fee Req Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip  City  FL  Zip  Tor the purpose of changing its registered office or registered agent, or both, in the State of Florida.  In and stell flappicable.  (NOTE: Registered Agent signature required when relinating)  DATE  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECT  DELete  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete

of the corporation or the receiver or trustee empowered to execute his 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.