

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H20805

1. Entity Name

WONGCO INVESTMENTS, INC.

Principal Place of Business

POST OFFICE BOX 8759  
POMPANO FL 33075

Mailing Address

POST OFFICE BOX 8759  
POMPANO FL 33075

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 65-0219261

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

CHOY, W  
9066 W ATLANTIC BLVD  
SUITE #416  
POMPANO BEACH FL 33071

Name

CHOY, W

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

2086 NW 104th AVE.

City

POMPANO BEACH

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 CHOY, W---Director

April 30, 2001

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 PD ☐ Delete  
NAME CHOY, WONG  
STREET ADDRESS 9066 W ATLANTIC BLVD #416  
CITY-ST-ZIP POMPANO BEACH FL 33071

TITLE PD ☒ Change ☐ Addition  
NAME CHOY, WONG  
STREET ADDRESS 2086 NW 104th AVE.  
CITY-ST-ZIP POMPANO BEACH FL33071

TITLE ST ☐ Delete  
NAME CHOY, SAN MUI  
STREET ADDRESS 9066 W ATLANTIC BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33071

TITLE ST ☐ Change ☐ Addition  
NAME CHOY, SAN MUI  
STREET ADDRESS 2086 NW 104th AVE.  
CITY-ST-ZIP POMPANO BEACH FL 33071

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

---President/D 4/30/2001 (954)752-2393

Date

Daytime Phone #

FILED  
May 07, 2001 8:00 am  
Secretary of State

05-07-2001 90028 023 \*\*\*150.00

00030220



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)