

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J21084

1. Entity Name

TONG WAH, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90006 039 ***150.00

CU048662



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% TONG KONG (ALBERT)
1056 MAIN STREET
DUNEDIN FL 34698 % TONG KONG (ALBERT)
1056 MAIN STREET
DUNEDIN FL 34698-5200

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 **59-2692267** 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

KONG, TONG (ALBERT)
1056 MAIN STREET
DUNEDIN FL 34698

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 _____ (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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	KONG, TONG (ALBERT)	
STREET ADDRESS	9284 80TH AVE. N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WONG, KUANSANG	
STREET ADDRESS	9284 80TH AVE. N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUA, KIM LIM (LILIAN)	
STREET ADDRESS	1056 MAIN STREET	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KONG, YOKE KIM (PETER)	
STREET ADDRESS	1056 MAIN STREET	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Albert Kong*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-00 (72K) 736-6830
Date Daytime Phone #

CR2E014 19/99