

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J96152**

1. Entity Name

CHINA DOLL, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90043 035 ***150.00

Principal Place of Business

**8511 WEST MCNAB RD.
TAMARAC FL 33321**

Mailing Address

**8511 WEST MCNAB RD.
TAMARAC FL 33321-3209**

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 **65-0006911**

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

**ONG DIANA MAI
8511 W MCNAB ROAD
TAMARAC FL 33321**

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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	ONG, KEVIN HOANH	10023 N W 53 CT	CORAL SPRINGS FL				
V	MAI, DIEN S.	5086 NW 98 HWY	CORAL SPRINGS FL				
S	MAI, MARK TUYEN	5086 NW 98TH WAY	CORAL SPRINGS FL				
T	ONG, DIANA MAI	10023 NW 53 CT	CORAL SPRINGS FL				

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: *Mark Mai*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00

954-726-0