## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K28698  1. Entity Name  DONG A CO.						Secretary of State 02-07-2002 90071 040 ***150.00			
Principal Place of Business Mailing Address									
% Robert C 200 E. Robin Orlando Fl	ISON ST. STE 865	% ROBERT O. MARKS 816 N MILLS AVE ORLANDO FL 32801							
2. Principal F	Place of Business	3. Mailing Address				1 20010111 818 11001 10110 81110 10101 1011 1211 0101	I BIBII BABA I	ILDIA DIQUI EBDI.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4.	59-2237112	No	oplied For ot Applicable	
Zip Country		Zip Country		y 	5.	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
	6. Name and Address of Current F	legistered Agent		Name	7. 1	Name and Address of New Registered Ag	ent		
MARKS, ROBERT O. 200 E. ROBINSON ST				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 86									
ORLANDO	) FL 32801	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									
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Star				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			
11.	OFFICERS AND C	DIRECTORS	12.		AC	DITIONS/CHANGES TO OFFICERS AND D	IRECTOR	S IN 11	
TITLE  NAME  STRFET ADDRESS  CITY-ST-ZIP	P CHAU, KIM HUNG 816 N MILLS AVE. ORLANDO FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Chau, VI Hung 1206 S Conway RD. Orlando Fl	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAU, KIM LANG 1206 S CONWAY RD. ORLANDO FL	☐ Delete	NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Change	Addition	
indicated of the cor	on this report or supplemental report is t	rue and accurate and that my vered to execute this report a	/ signatu	re shall have t	he same l	119.07(3)(i), Florida Statutes. I further certify legal effect as if made under oath; that I am da Statutes; and that my name appears in E	an officer	or director	

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHARLES Date Dete Description Proper 922