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Daytime Phone #

2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State K34945 DOCUMENT # 1. Entity Name 04-01-2002 90611 039 ***150.00 CHANG & CHENG, INC. Principal Place of Business Mailing Address NAAAAATT 1913 NE 168 STREET 18999 BISCAYNE BLVD #205 AVENTURA FL 33180 N. MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0076441 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHENG, MAN LOK Street Address (P.O. Box Number is Not Acceptable) 2047 NE 180TH STREET N. MIAMI BEACH FL 33162 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing ... \$5.00 May Be ¿Taxifiling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. SD CR2E034 (9/01) TITLE TITI F ☐ Change □ Delete Addition NAME CHENG, QI HONG HUANG NAME 2047 NE 180TH STREET STREET ADDRESS STREET ADDRESS N.MIAMI BCH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change CHENG, MAN LOK NAME NAME 2047 N.E. 180TH ST. STREET ADDRESS STREET ADDRESS N.MIAMI BCH FL CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.