

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K62754

1. Entity Name

NEE'S KUNG FU STUDIO, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90017 010 ***150.00

Principal Place of Business

C/O KHAMMANY TOUISITHIPHONEXAY
12516 PINES BLVD.
PEMBROKE PINS FL 33027
US

Mailing Address

C/O KHAMMANY TOUISITHIPHONEXAY
12516 PINES BLVD.
PEMBROKE PINES FL 33027
US

2. Principal Place of Business

12594 Pines Blvd.Suite 103
Pembroke Pines, Fla. 33027
Tel (954) 433-9881

3. Mailing Address

12594 Pines Blvd.Suite 103
Pembroke Pines, Fla. 33027
Tel (954) 433-9881



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0174405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUISITHIPHONEXAY, KHAMMANY
12516 PINES BLVD.
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name: Touisithiphonexay, Khammany
12594 Pines Blvd.Suite 103
Pembroke Pines, Fla. 33027
Tel (954) 433-9881

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, 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

TITLE PSD
NAME TOUISITHIPHONEXAY, KHAMMANY ☐ Delete
STREET ADDRESS 13154 SPRING LAKE DRIVE
CITY-ST-ZIP COOPER CITY FL 33330

TITLE VTD
NAME LOSEK, AMY (TOUISITHI) ☐ Delete
STREET ADDRESS 13154 SPRING LAKE DRIVE
CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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

Date

Daytime Phone #

CR2E034 (10/00)

0114291