

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0012139

DOCUMENT # L02000009306

1. Entity Name
THE WEDDING MALL, LLC



FILED

03 JUL 25 AM 8:46

STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

880 S.W. 10TH AVENUE BAY. #8
POMPANO FL 33069

Mailing Address

880 S.W. 10TH AVENUE BAY. #8
POMPANO FL 33069

2. Principal Place of Business

878 SW 12TH AVENUE BAY #8
Suite, Apt. #, etc.

3. Mailing Address

409 S. CALIFORNIA ST.
Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

SAN GABRIEL, CA

Zip

33069

Country

Zip

91776

Country

4. FEI Number

753053455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name **VCC FILING & SEARCH SERVICES INC**

Street Address (P.O. Box Number is Not Acceptable)

526 E. PARK AVENUE

City TALLAHASSEE

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

W. Edwards Hunt, President

7/23/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager**
NAME **Jing Wu**
STREET ADDRESS **1705 Ramona Ave**
CITY-ST-ZIP **S Pasadena CA 91030**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

600022070606
08/05/03--01044--027 ***50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
HELEN TSAO

7/16/03

(66) 285-5686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)