

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90012 011 \*\*\*150.00

**DOCUMENT # L40019**

1. Entity Name

**CHINA FAIR OF VENICE, INC.**

Principal Place of Business

**4189 S. TAMiami TRAIL  
 VENICE FL 34293**

Mailing Address

**4189 S. TAMiami TRAIL  
 VENICE FL 34293**

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

**65-0175475**

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

**CHOI, WAI LAM  
 4189 S. TAMiami TRAIL  
 VENICE FL 34293**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/11/02**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	<b>CHOI, WAI MAN</b>	
STREET ADDRESS	<b>304 GLADESTONE BLVD</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CHOI, MANCY</b>	
STREET ADDRESS	<b>304 GLADESTONE BLVD</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>CHOI, WAI LAM</b>	
STREET ADDRESS	<b>513 CEDARWOOD LN</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>CHOI, MELISSA MEI MEI</b>	
STREET ADDRESS	<b>513 CEDARWOOD LN</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*[Signature]* **Wai Lam Choi**

**3/11/02**

Date

**941-497-6776**

Daytime Phone #

CR2E034 (9/01)