

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90080 014 \*\*\*\*50.00

**DOCUMENT # L98000000190**

1. Entity Name ✓  
**FU HWA V, L.L.C.**

Principal Place of Business 925 N. TROPICAL TRAIL MERRITT ISLAND FL 32953	Mailing Address 925 N. TROPICAL TRAIL MERRITT ISLAND FL 32953
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DO NOT WRITE IN THIS SPACE

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 <b>59-3500414</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SMITHHART, BURL R CPA**  
**670 N COURTENAY PKWY, SUITE F**  
**MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name **MARTHA WU HUNG**  
 Street Address (P.O. Box Number is Not Acceptable) **925 N TROPICAL TRAIL**  
**MERRITT ISLAND**  
 City **Merritt Island** **FL** Zip Code **32953**

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 *Martha Wu Hung* DATE 4/20/02  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR WU HUNG, MARTHA 925 N TROPICAL TRAIL MERRITT ISLAND FL 32953	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR HARP, WHITNEY W 2901 CURRY FORD RD ORLANDO FL 32806	Delete <input type="checkbox"/>
	Delete <input type="checkbox"/>
	Delete <input type="checkbox"/>
	Delete <input type="checkbox"/>
	Delete <input type="checkbox"/>

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

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: *Martha Wu Hung* DATE 4/20/02 DAYTIME PHONE # 321-454-3212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE