

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001070**

1. Entity Name

MANAGEMENT GROWTH, L.L.C.

Principal Place of Business

**7411 FULLERTON STREET, SUITE 204
JACKSONVILLE FL 32256**

Mailing Address

**7411 FULLERTON STREET, SUITE 204
JACKSONVILLE FL 32256**

2. Principal Place of Business

9446 Philips Hwy #8
Suite, Apt. #, etc.

3. Mailing Address

9446 Philips Hwy #8
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3524474

Applied For

☐ Not Applicable

Zip

Country

32256

Zip

Country

32256

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YEN, KUNG-PO

7411 FULLERTON STREET, SUITE 204

JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

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

9446 Philips Hwy #8

City

Jacksonville

FL

Zip Code

32256

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]

**KUNG-PO YEN
PRESIDENT**

2-6-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **YEN, KUNG-PO**
STREET ADDRESS **7411 FULLERTON STREET, SUITE 204**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **MGR** ☐ Delete
NAME **YEN, KUNG-TI**
STREET ADDRESS **910 BAYSHORE BLVD. SOUTH**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9446 Philips Hwy #8**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9446 Philips Hwy #8**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300003675903--0**
CITY-ST-ZIP **-02/13/01--01023--016**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *******50.00**
CITY-ST-ZIP *******50.00**

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

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.

KUNG-PO YEN

PRESIDENT

SIGNATURE:

[Signature]

2-6-01

904-260-5571

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

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -8 PM 4:53



DO NOT WRITE IN THIS SPACE

MJH

CR2E083 (11/00)