## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2002 8:00 am Secretary of State P00000008988 DOCUMENT # 1. Entity Name HO HING ENTERPRISES, INC 03-06-2002 90103 005 \*\*\*150.00 Mailing Address Principal Place of Business 1530 W BRANDON BLVD 1530 W BRANDON BLVD **BRANDON FL 33511** BRANDON FL 33511 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3615324 Not Applicable \$8.75 Additional Zip 7ip Country Country 5. Certificate of Status Desired Fee Required:---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HING, KUNGT -H KUNG, TUNG HING 1530 W BRANDON BLVD IS 28, W. BRANDON BLVD Street Address (P.O. Box Number is Not Acceptable) BRANDON. FL. 3511 **BRANDON FL 33511** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITI F TITLE LAI, YANG R NAME NAME 1528 W BRANDON BLVD STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE CHEN. ZHAO L NAME 1528 W BRANDON BLVD STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP CITY-ST-7IP \_\_\_\_ Addition TITLE ☐ Change Delete TITLÊ KUNG, TUNG H NAME NAME 1528 W BRANDON BLVD STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete BULF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with an address, with all other like empowered

2-6-02

Daytime Phone #

**FILED**