

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90034 017 ***150.00

DOCUMENT # P00000038572

1. Entity Name
MAGIC WOK OF FT LAUDERDALE, INC.

Principal Place of Business
**301 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33311**

Mailing Address
**18999 BISCAYNE BLVD
 #205
 AVENTURA FL 33180**



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 **65-1006197**

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

**HUANG, JIN LIANG
 18999 BISCAYNE BLVD
 205
 AVENTURA FL 33180**

Name **XIU XIE ZHENG**
 Street Address (P.O. Box Number is Not Acceptable)
18999 BISCAYNE BLVD. SUITE 205
 City **AVENTURA** FL Zip Code **33180**

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 *Xiu Xie Zheng* (NOTE: Registered Agent signature required when reinstating) DATE *04/25/02*

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 **PD**
 NAME **HUANG, JIN LIANG** ☒ Delete
 STREET ADDRESS **301 W. OAKLAND PARK BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **PD**
 NAME **XIE XIU ZHENG** ☒ Change ☐ Addition
 STREET ADDRESS **301 W. OAKLAND PARK BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

TITLE **D**
 NAME **LI, ZE GENG** ☒ Delete
 STREET ADDRESS **301 W. OAKLAND PARK BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
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TITLE
 NAME ☐ Change ☐ Addition
 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: *Xiu Xie Zheng*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *04/25/02* Daytime Phone #

CR2E034 (9/01)