

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90158 012 \*\*\*158.75

**DOCUMENT # P00000044294**

**1. Entity Name**  
**TAK HING ENTERPRISES, INC.**

**Principal Place of Business**

**890 EAST 6TH AVE.**  
**HIALEAH FL 33010**

**Mailing Address**

**890 EAST 6TH AVE.**  
**HIALEAH FL 33010**

**2. Principal Place of Business**

**1475 WEST 46 ST**

**3. Mailing Address**

**1475 WEST 46 ST**

**Suite, Apt. #, etc.**

**APT. 422**

**Suite, Apt. #, etc.**

**APT. 422**

**City & State**

**HIALEAH, FL**

**City & State**

**HIALEAH, FL**

**Zip**

**33012**

**Country**

**U.S.A.**

**Zip**

**33012**

**Country**

**U.S.A.**

**6. Name and Address of Current Registered Agent**

**FUNG, CHI SING**

**1337 WEST 49TH PL. #520**

**HIALEAH FL 33012**

**7. Name and Address of New Registered Agent**

**Name FUNG, Chi Sing**

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

**1475 WEST 46 ST APT. 422**

**City HIALEAH**

**FL**

**Zip Code**

**33012**

**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]* **FUNG, CHI SING - SECRETARY**

(NOTE: Registered Agent signature required when reinstating)

**04-14-2002**

**DATE**

**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**

**TITLE** **PD** ☐ Delete  
**NAME** **FUNG, TAK HING**  
**STREET ADDRESS** **1475 W. 46 ST. #422**  
**CITY-ST-ZIP** **HIALEAH FL 33012**

**TITLE** **SD** ☐ Delete  
**NAME** **FUNG, CHI SING**  
**STREET ADDRESS** **1337 WEST 49 PL. #520**  
**CITY-ST-ZIP** **HIALEAH FL 33012**

**TITLE** **TD** ☐ Delete  
**NAME** **FUNG, CHI MING**  
**STREET ADDRESS** **1337 WEST 49 PL. #520**  
**CITY-ST-ZIP** **HIALEAH FL 33012**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Change ☐ Addition  
**NAME** **FUNG, TAK HING**  
**STREET ADDRESS** **1475 W 46 ST #422**  
**CITY-ST-ZIP** **HIALEAH FL 33012**

**TITLE** **SD** ☒ Change ☐ Addition  
**NAME** **FUNG, CHI SING**  
**STREET ADDRESS** **1475 W 46 ST #422**  
**CITY-ST-ZIP** **HIALEAH FL 33012**

**TITLE** **TD** ☒ Change ☐ Addition  
**NAME** **FUNG, CHI MING**  
**STREET ADDRESS** **1475 W 46 ST #422**  
**CITY-ST-ZIP** **HIALEAH FL 33012**

**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**

**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]* **RECEIVED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**04-14-2002 305-2315568**

**Date**

**Daytime Phone #**

CR2E034 (9/01)