

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90218 001 ***150.00

01723208 AV

DOCUMENT # P00000058838



1. Entity Name
WOK & ROLL, INC.

Principal Place of Business

~~17941 NW 9 COURT~~
~~PEMBROKE PINES FL 33029~~

Mailing Address

~~17941 NW 9 COURT~~
~~PEMBROKE PINES FL 33029~~

2. Principal Place of Business

3. Mailing Address

185 NE 152 ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NORTH MIAMI BEACH, FL

4. FEI Number **02-0608609**

Applied For
 Not Applicable

Zip

Country

Zip
33162

Country
DADE

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

~~SANG, ANA~~
~~17941 NW 9 COURT~~
~~PEMBROKE PINES FL 33029~~

Name **HSING CHING CHENG**

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

185 NE 152 nd STREET

City **NORTH MIAMI BEACH FL** Zip Code **33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating)

5 FEB 03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	SANG, ANA	17941 NW 9 COURT	PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P/D/S			<input type="checkbox"/>	<input type="checkbox"/>
	HSING CHING CHENG	185 NE 152 nd STREET	NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

Daytime Phone #

CR2E034 (10/02)