

AMEND

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000070183

1. Entity Name

WAH WAH Nyunt INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 PM 4:08

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

WAH WAH

3. Mailing Address

Suite, Apt. #, etc.

2040 DOOMAR DR.

Suite, Apt. #, etc.

2040 DOOMAR DR.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32308

Country Leon

Zip

32308

Country Leon

4. FEI Number

59.5659489

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WAH WAH

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

2040 DOOMAR DR.

TALLAHASSEE

City

FL

Zip Code

32308

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-06-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P.
NAME WAH WAH
STREET ADDRESS 2040 DOOMAR DR.
CITY-ST-ZIP Tallahassee, FL, 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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900008843399
11/07/02--01002--004 **61.25

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wah
WAH WAH

11-06-02 850-510-3879

Date

Daytime Phone #

CR2E034B (12/01)