

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083291

1. Entity Name
NG & CHUI CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90090 029 ***150.00

Principal Place of Business

21111 NE 25TH COURT
MIAMI FL 33180

Mailing Address

21111 NE 25TH COURT
MIAMI FL 33180

2. Principal Place of Business

760 NW 183 RD ST.

3. Mailing Address

18999 BISCAYNE BLVD #205

Suite, Apt. #, etc.

MIAMI, FL

Suite, Apt. #, etc.

AVENTURA

City & State

City & State

Zip

33169

Country

MIAMI, FL

Zip

33180

Country

4. FEI Number

65-1038204

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NG, LIK HANG
18999 BISCAYNE BLVD SUITE 205
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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
NAME NG, LIK HANG
STREET ADDRESS 21111 NE 25TH COURT
CITY-ST-ZIP MIAMI FL 33180 ☐ Delete

TITLE STD
NAME CHUI, KIT FONG
STREET ADDRESS 21111 NE 25TH COURT
CITY-ST-ZIP MIAMI FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Kit Fong Chui*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2001

Date

Daytime Phone #

CR2E034 (10/00)