2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000091621 DOCUMENT

1. Entity Name

HOT WOK B CORPORATION



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90264 049 ***150.00

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Principal Place of Business 14333 BCH BLVD SUITE 102B JACKSONVILLE FL 32250			Mailing Address 14333 BCH BLVD SUITE 102B JACKSONVILLE FL 32250									
2. Principal Pla	ace of Busin	ess	3. Mailing Address				_	L Mario di bit darin darin darin darin darin d), il gių a liia ii	\$\$\$ (18) (80)	
Suite, Apt. #	etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	7. TELLINOLIDO FO-2672502			olied For Applicable	
Žip Country				Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	d Agent	L		7. N	name and Address of New Reg	stered Ag	ent		
	O. Hamo	-			_	-Name		· ·				
FUNG, KEV						Street Address (P.O. Box Number is Not Acceptable)						
		uite 102B							_			
JACKSON\	/ILLE FL 3	2250										
		f				City			FL	Zip Code	•	
				of abanding its	register	ad office or regist	tored an	ent, or both, in the State of Florid	a. I am fa	miliar with,	and accept	
the obligation	named entit ons of regis	y submits this statement to ered agent.	or the purpo	ose of changing its	register	ed office of regis	icica ag	on bony in the contract of		,		
SIGNATURE _	Signature, typed	or printed name of registered agent	and title if appl	licable. (NOT	E: Registere	ad Agent signature requ	ired when re	einstating)	DATE			
After	May 1, 20	PEE IS \$150.00 The Standard St	f State	•				S. Election Campaign Finar Trust Fund Contribution.	cing		May Be	
		OFFICERS AND		B6	11.		A	DDITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTORS	3 IN 11	
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NAME PAREST LODDEGG						REET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	[TY-ST-ZIP						
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I nereby 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 expowered.

SIGNATURE:

Date Daytime Phone #