

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096728

1. Entity Name  
WAH-BEN, INC.

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90032 025 \*\*\*150.00

Principal Place of Business

9842 NOB HILL CT  
SUNRISE FL 33351

Mailing Address

9842 NOB HILL CT  
SUNRISE FL 33351

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1050245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

KWOK, TAI W  
9842 NOB HILL CT  
SUNRISE FL 33351

## 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, 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 KWOK, TAI W  
STREET ADDRESS 9842 NOB HILL CT  
CITY-ST-ZIP SUNRISE FL 33351

TITLE VD ☐ Delete  
NAME LAU, KENNY  
STREET ADDRESS 6193 ROCK ISLAND RD #317  
CITY-ST-ZIP TAMARAC FL 33319

TITLE D ☐ Delete  
NAME LEE, WUI CHUEN BEN  
STREET ADDRESS 9842 NOB HILL CT  
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ Delete  
NAME YAN, KAI C  
STREET ADDRESS 1231 NE 85 ST  
CITY-ST-ZIP MIAMI FL 33138

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 ☐ 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

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TITLE ☐ Change ☐ Addition  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2002  
Date

561-368-9999  
Daytime Phone #

CR2E034 (9/01)