

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105162

1. Entity Name

YONGHONG, INC.

Principal Place of Business

1717 N. BAYSHORE DR., #1653  
MIAMI FL 33132

Mailing Address

1717 N. BAYSHORE DR., #1653  
MIAMI FL 33132

2. Principal Place of Business

5608 NW 161 St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL 33014

City & State

Zip

33014

Country

USA

Zip

Country

4. FEI Number

65-1067671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZHENG, CHENGTAO  
1717 N. BAYSHORE DR., #1653  
MIAMI FL 33132

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 ZHENG, CHENGTAO  
STREET ADDRESS 1717 N. BAYSHORE DR., #1653  
CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE VPD  
NAME CHEN, YONGHONG  
STREET ADDRESS 1717 N. BAYSHORE DR., #1653  
CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE VPD  
NAME MA, XINHUA  
STREET ADDRESS 1717 N. BAYSHORE DR., #1653  
CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.21.2001

Date

(305)-627-0880

Daytime Phone #

CR2E034 (10/00)

0156000

FILED  
Mar 28, 2001 8:00 am  
Secretary of State

03-28-2001 90187 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE