

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90127 010 ***150.00

DOCUMENT # P00000111377

1. Entity Name
RED EAST INC.



Principal Place of Business
**17120 NE 14TH AVENUE
NORTH MIAMI BEACH FL 33162**

Mailing Address
**17120 NE 14TH AVENUE
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business

3. Mailing Address

327 IVES DAIRY ROAD

327 IVES DAIRY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

327-06

327-06

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33179

Country

USA

Zip

33179

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1089505**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANG, KAI TAI
17120 NE 14TH AVENUE
NORTH MIAMI BEACH FL 33162**

Name

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

327 IVES DAIRY ROAD, # 327-06

City

MIAMI

FL

Zip Code

33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3.12.03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **TANG, KAI TAI**
CITY-ST-ZIP **17120 NE 14TH AVENUE
NORTH MIAMI BEACH FL 33162**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **327 IVES DAIRY ROAD # 327-06**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

3.12.03 # 305 610 3388

CR2E034 (10/02)