2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan		0008330	·			Apr 01, 2 Secreta 04-01-2002 9	ry of S	Sta	te	294 AV
Principal Place of Business Mailing Address										
3020 REYNOLDS ROAD. SUITE 4-5 3020 REYNOLDS ROAD. SUITE LAKELAND FL 33801 LAKELAND FL 33801										
						# 10141061 IXI 88461 IXIIK 64141 81411	15 111 66 111 15 151 1 5		{{ 18 {	
	Place of Business	3. Mailing Address			_					
3545 Suite, Apt.	REYNOLDS ROOD		545 REYNOLDS Rd,			DO NOT WRIT	E IN THIS SPAC	e E		
UL	117 9	UNIT 9				DO NOT WRITE IN THIS SPACE				
City & Stat		City & State	FL	-	4. F	^{Ei Number} 59-369	2301		plied For Applicable	
Zip 33 &	Country	^{Zip} 33803	Country	•	5. 0	Certificate of Status Desired	□ \$8. Fee	75 Addi Required	itional I	
	6. Name and Address of Current Re			Name -		lame and Address of New Re				- -
CHOY, MI	NG K			CI	HEX	1, XIU 4+674 lox Number is Not Acceptable				$\frac{1}{2}$
3020 REYNOLDS ROAD, SUITE 4-5				3545	Rey	NOLDS ROAD,	UNIT 9	}		4
LAKELANI	D FL 33801			Cih				Zio Codo		4
	_ 6-May-1*				LA		•	33 2 33 2	303	_
SIGNATURE	e named entity submits this statement for the st	em (HEZ)	, Xu	office or registe A Hover gent signature require	-		3-19-	07		
Tax filing requirement and elects to do so. After May 1, 2			HT FEE IS \$150.00 02 Fee will be \$550.00 ole to Department of Stat			10. Election Campaign Fine Trust Fund Contribution	. 🗆	Added) May Be to Fees	
11.	OFFICERS AND D	—···	12.		AD	DITIONS/CHANGES TO OFFI		ECTORS Change	IN 11	╡╒
NAME STREET ADDRESS CITY-ST-ZIP	D CHOY, MING K 3020 REYNOLDS ROAD, SUITE 4-5 LAKELAND FL 33801	Delete	TITLE NAME STREET CITY-SI	ADDRESS 1-zip				Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D_P. CHEN, XIU H 1282 LA QUINTA DR, #6 ORLANDO FL 33801	□ Delete	TITLE NAME STREET	ADDRESS 1- ZIP				Change	Addition	75
NAME STREET ADDRESS CITY-ST-ZIP		Delete _	TITLENAME STREETCITY-SI	ADDRESS	, <u>.</u>	and the state of t		Change	Addition	et.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS 1- ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET.	ADDRESS 1- ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS .				Change	Addition	
indicated of the col	certify that the information supplied with the on this report or supplemental report is to reporation or the receiver or trustee empower, or on an attachment with an address, with the contraction of the	rue and accurate and that my rered to execute this report a	ıv sianatur	e shall have the	e same l	legal effect as if made under o	ath; that I am ar	n officer o	or director	