

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-06-2002 90110 008 ***150.00

DOCUMENT # P01000010507

1. Entity Name

KONG HING OF SOUTH FLORIDA CORPORATION

Principal Place of Business

**3605 FOWLER ST.
 FT. MYERS FL 33901**

Mailing Address

**3605 FOWLER ST.
 FT. MYERS FL 33901**

2. Principal Place of Business

11751 S. Cleveland Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 16, 17 & 18

City & State

FT Myers Florida

City & State

Zip

FL 33907

Country

Lee

Zip

Country

4. FEI Number

05-1099564

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MO, SIU H
 3605 FOWLER ST.
 FT. MYERS FL 33901**

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

MO, Siu H PST

Feb 25, 02

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

(NOTE: Registered Agent signature required when restating)

DATE

9. This corporation is eligible to satisfy its intangible
 *fax 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 **PST** ☐ Delete
 NAME **MO, SIU H**
 STREET ADDRESS **3605 FOWLER ST.**
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

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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

MO, Siu H

Feb 25, 02

(941) 278-1006

Date

Daytime Phone #

CR2E034 (9/01)