2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000033034

1. Entity Name

HWA RONG CORPORATION



01-10-2003 90051 022 ***150.00

Jan 10, 2003 8:00 am

Secretary of State

FILED

Principal Place of Business 1622 OVERSEAS HIGHWAY MARATHON FL 33050

Mailing Address 1622 OVERSEAS HIGHWAY MARATHON FL 33050

2. Principal Place of Business
(622 Overseas Highway Suite, Apt. #, etc.

3. Mailing Address
1622 Overseas Highway Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1091276 M raxh Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Konashena YOU, RONG SHENG Street Address (P.O. Box Number is Not Acceptable) 1622 OVERSEAS HIGHWAY MARATHON FL 33050 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. 1-8-02 DATE SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition YOU, RONG SHENG NAME NAME 1622 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Kinyban You NAME NAME STREET ADDRESS 0/5 Hw STREET ADDRESS CITY-ST-ZIP MARATHON CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS 0/5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING-OFFICER OR DIRECTOR

1-8-02 (305

Daytime Phone #

CR2E034 (10/02)