**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 21, 2002 8:00 am P01000049020 DOCUMENT # **Secretary of State** 1. Entity Name 01-21-2002 90012 028 \*\*\*150.00 LAKE MARY CHENG'S. INCORPORATED Principal Place of Business Mailing Address 4004 SEMORAN BLVD. 4004 SEMORAN BLVD. ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3116 435 Not Applicable Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEUNG MAN. KWOK Street Address (P.O. Box Number is Not Acceptable) 4004 SEMORAN BLVD. ORLANDO FL 32822 City Zin 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE Addition TITLE ☐ Delete ☐ Change NAME KEUNG MAN, KWOK NAME STREET ADDRESS 4004 SEMORAN BLVD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete [] Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone