

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058036

1. Entity Name

FONG'S HUNG GA KUNG FU ASSOCIATION INC.

Principal Place of Business

759 NW 91ST TERRACE
PLANTATION FL 33324

Mailing Address

759 NW 91ST TERRACE
PLANTATION FL 33324

2. Principal Place of Business

10628 NW 12 Court

Suite, Apt. #, etc.

3. Mailing Address

10628 NW 12 Court

Suite, Apt. #, etc.

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90172 026 ***158.75



DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL

Zip 33322 Country Broward

City & State
Plantation, FL

Zip 33322 Country Broward

4. FEI Number

65-1124305

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MORRISON, MAURICE P
759 NW 91ST TERRACE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name MAURICE P. MORRISON

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

10628 NW 12 Court

City Plantation

FL Zip Code 33322

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

Maurice P. Morrison President, CEO

4/14/02

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MORRISON, MAURICE P 759 NW 91ST TERRACE PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10628 NW 12 Court Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, MAURICE P 759 NW 91ST TERRACE PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10628 NW 12 Court Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, ERIKA N 759 NW 91ST TERRACE PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10628 NW 12 Court Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Maurice P. Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/CEO 4/14/02 954-452-4246

Date

Daytime Phone #

CR2E034 (9/01)