

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90101 018 \*\*\*150.00

**DOCUMENT #** P01000059731

**1. Entity Name**  
FULAI, INC.



**Principal Place of Business**  
101 N. OCEAN DRIVE #13 A-A  
HONG KONG WOK  
HOLLYWOOD FL 33019

**Mailing Address**  
101 N. OCEAN DRIVE #13 A-A  
HOLLYWOOD FL 33019

70012283



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

101 N OCEAN DR

101 N OCEAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F-13A + B

F-13A + B

City & State

City & State

HOLLYWOOD FL

HOLLYWOOD FL

Zip 33019

Country

USA

Zip

Country

USA

**4. FEI Number** 65-0931061

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

ZHAO, WEN C  
101 N. OCEAN DRIVE #13 A-B  
HOLLYWOOD FL 33019

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** ZHAO, WEN C  
**STREET ADDRESS** 101 N. OCEAN DRIVE #13 A-A  
**CITY-ST-ZIP** HOLLYWOOD FL 33019

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/03

Date

954-923 4557

Daytime Phone #

CR2E034 (10/02)