## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Feb 07, 2002 8:00 am DOCUMENT # P01000061686 Secretary of State 1. Entity Name 02-07-2002 90273 002 \*\*\*\*\*8.75 NEW NO. 1 WOK, INC. 02-07-2002 90273 001 \*\*\*150.00 Principal Place of Business Mailing Address 15880 SUMMERLIN DR STE 130 15890 SUMMERLIN DR STE 130 12675 FT MYERS FL 33908 FT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable Zip Country Country \$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 CHEN, MING JIE Street Address (P.O. Box Number is Not Acceptable) 15880 Summed ( ) 11 Road 15880 SUMMERLIN DR STE 130 FT MYERS FL 33908 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!!\_FEE IS,\$150,00 10.º Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CHEN, MING JIE Delete CR2E034 (9/01) .□/Change TITLE TITLE CHAN, SINGSO NAME NAME 15880 SUMMERRIN DR STE BO STREET ADDRESS 15880 SUMMERLIN ROAD SUITE 302 STREET ADDRESS FT MYZRS FL 33908 CITY-ST-ZIP CITY-ST-ZIP MYZR5, FL, 339 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP