2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -9 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000074165

1. Entity Name

WONG Wholesale, INC.

Principal Place of Business	Mailing Address
4363 NW 37 AV Miami Fl 33166	4363 NW 37 AV. Miami Fl 33166

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES 03

4. FEI Number 65-1123425 ☐ Applied ☐ Not Appl

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
GONZALEZ PEDRO F. 4363 NW 37 AV Miami Fl 33166	Name URSula GONZalez 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 a the obligations of registered agent.

SIGNATURE: [signature] Ursula GONZalez 4/30/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma Added to Fe

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZalez PEDRO F ☐ Delete 1820 W. 53 St, #309 Hialeah Fl 33012	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A 400020975884 06/18/03--01058--004 **150.00
TITLE VD / NAME / STREET ADDRESS / CITY-ST-ZIP	GONZalez Leonor F. ☐ Delete 1820 W 53 St #309 Hialeah Fl 33012	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE TD / NAME / STREET ADDRESS / CITY-ST-ZIP	GONZalez Ursula V. ☐ Delete 1820 W. 53 St #309 Hialeah Fl 33012	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE SD / NAME / STREET ADDRESS / CITY-ST-ZIP	GONZalez PEDRO F. ☐ Delete 1820 W. 53 St #309 Hialeah Fl 33012	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A

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 informa 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 dir 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Ursula GONZalez 4/30/03 (305)226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B