

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000076116

1. Entity Name

CHINA WOK OF LIU



03.00T 27 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8813 MITCHELL BLVD

3. Mailing Address
539 N MILLS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY, FL

City & State
ORLANDO, FL

4. FEI Number 59-3732844

Applied For
Not Applicable

Zip
34655

Country

Zip
32803

Country
ORANGE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name WEN K LIU

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

8813 MITCHELL BLVD

City NEW PORT RICHEY

FL

Zip Code
34655

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
WEN K LIU/ PRESIDENT
8813 MITCHELL BLVD,
NEW PORT RICHEY, FL34655

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700024177677
10/27/03--01112--007 **150.00

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

21 10/30

CHINA WOK OF LIU, INC

539 N MILLS AVE
ORLANDO, FL32803

OCT 17, 2003

Florida Department of State
P.O.BOX 6327
Tallahassee, FL 32314

SUBJECT: 2003 ANNUAL REPORT

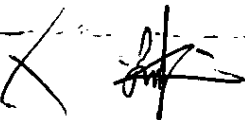
DOCUMENT NUMBER: P01000076116

To whom it may concern,

Please note that I have filed to file 2003 Annual Report because I haven't received it.

Enclosed please find a check of \$150 for the filing fee, please kindly reinstate my company and please change the mailing address to 539 N MILLS AVE, ORLANDO, FL32803. Thank you for your assistance.

Sincerely yours



Wen K Liu / President