

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-17-2002 90077 045 ***150.00

DOCUMENT # P01000078177

1. Entity Name

AB FAR EAST ENTERPRISES, INC.

Principal Place of Business

**2000 SALT MYRTLE LANE
 ORANGE PARK FL 32003**

Mailing Address

**2000 SALT MYRTLE LANE
 ORANGE PARK FL 32003**

2. Principal Place of Business

8286 WESTERN WAY CIRCLE, UNIT 7

3. Mailing Address

8286 WESTERN WAY CIRCLE, UNIT 7

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3752979

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LUI, PAUL
 11618 SUMMER BROOK CT.
 JACKSONVILLE FL 32258**

7. Name and Address of New Registered Agent

Name **ALFRED LAI**
 Street Address (P.O. Box Number is Not Acceptable)
2000 SALT MYRTLE LANE
 City **ORANGE PARK** FL **32003**

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

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

(NOTE: Registered Agent signature required when reinstating)

1/30/2002
 DATE

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ALFRED LAI	
STREET ADDRESS	2000 SALT MYRTLE LANE	
CITY-ST-ZIP	ORANGE PARK, FL. 32003	
TITLE	VICE President	<input type="checkbox"/> Delete
NAME	Wm. T. CARNEY	
STREET ADDRESS	10000 GATE PKY. #102	
CITY-ST-ZIP	JACKSONVILLE, FL. 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

ALFRED LAI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2002 904-636-6002
 Date Daytime Phone #

CR2E034 (9/01)