

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90058 024 ***150.00

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1. Entity Name
NEW GENERATION INVESTMENTS, INCORPORATED



Principal Place of Business
1526 LARKS NEST CT
ORLANDO FL 32824

Mailing Address
TASTY WOK CHINESE RESTAURANT
3050 ALAFAYA TRAIL SUITE 1008
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3746573**

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

LI, YAT F
1526 LARKS NEST CT
ORLANDO FL 32824

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME LI, YAT F
STREET ADDRESS 1526 LARKS NEST CT
CITY-ST-ZIP ORLANDO FL 32824

TITLE P.D. ☒ Change ☐ Addition
NAME LI, YAT F
STREET ADDRESS 13566 HAWK LAKE DR
CITY-ST-ZIP ORLANDO, FL 32837

TITLE SD ☒ Delete
NAME LEE, MIU S
STREET ADDRESS 1526 LARKS NEST CT
CITY-ST-ZIP ORLANDO FL 32824

TITLE SD ☒ Change ☐ Addition
NAME LEE, MIU S
STREET ADDRESS 3050 ALAFAYA TRAIL #1008
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VD ☒ Delete
NAME TAN, JI R
STREET ADDRESS 1526 LARKS NEST CT
CITY-ST-ZIP ORLANDO FL 32824

TITLE VD ☒ Change ☐ Addition
NAME TAN, JI R
STREET ADDRESS 3050 ALAFAYA TRAIL #1008
CITY-ST-ZIP OVIEDO, FL 32765

TITLE TD ☒ Delete
NAME LEE, SAU W
STREET ADDRESS 1526 LARKS NEST CT
CITY-ST-ZIP ORLANDO FL 32824

TITLE TD ☒ Change ☐ Addition
NAME LEE, SAU W
STREET ADDRESS 3050 ALAFAYA TRAIL #1008
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED FOR: LI, PRES. 1-13-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)