

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90013 045 ***150.00

DOCUMENT # P01000111922

1. Entity Name
ABBY YUEN & ASSOCIATES, INC.

Principal Place of Business
8089 SAGO PALM LANE
BOYNTON BEACH FL 33436

Mailing Address
8089 SAGO PALM LANE
BOYNTON BEACH FL 33436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2401 PGA BLVD. #168
 Suite, Apt. #, etc.
Palm Beach Gardens

3. Mailing Address
8089 Sago Palm Lane
 Suite, Apt. #, etc.

City & State
FL

City & State
Boynton Beach FL

Zip
33410

Country
USA

Zip
33436

Country
USA

4. FEI Number
65-1156007

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
YUEN, WAI K
8089 SAGO PALM LANE
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent
 Name **ABBY WAI KWAN YUEN**
 Street Address (P.O. Box Number is Not Acceptable)
(same)
 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.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **3/2/02**

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST YUEN, WAI K 8089 SAGO PALM LANE BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUEN, WAI K 8089 SAGO PALM LANE BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

DATE **3/2/02**

Home: **561-7359037**
 Voice Mail: **305-2760996**

Date Daytime Phone #

CR2E034 (9/01)