

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90076 036 ***550.00

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DOCUMENT # P01000111922

1. Entity Name
ABBY YUEN & ASSOCIATES, INC.



Principal Place of Business
2401 (PEA) BLVD. #168
WEST PALM BEACH FL 33410
US

Mailing Address
8089 SAGO PALM LANE
BOYNTON BEACH FL 33436
US



2. Principal Place of Business
2401 PGA BLVD #168

3. Mailing Address
2401 PGA BLVD #168

Suite, Apt. #, etc.

Suite, Apt. #, etc.

168

168

City & State
Palm Beach Gardens

City & State
Palm Beach Gardens

Zip
33410

Country
USA

Zip
33410

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

YUEN, ABBY WAI KWAN
8089 SAGO PALM LANE
BOYNTON BEACH FL 33436

Name **YUEN, ABBY WAI KWAN**

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

2401 PGA BLVD # 168

City **Palm Beach Gardens**

FL

Zip Code **33410**

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 **ABBY WAI KWAN YUEN**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **YUEN, WAI K**
STREET ADDRESS **8089 SAGO PALM LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **YUEN, WAI KWAN**
STREET ADDRESS **247 E. RIVER PARK DRIVE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **D** ☐ Delete
NAME **YUEN, WAI K**
STREET ADDRESS **8089 SAGO PALM LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **YUEN, WAI KWAN** ☒ Change ☐ Addition
NAME **YUEN, WAI KWAN**
STREET ADDRESS **247 E. RIVER PARK DRIVE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/03 561-6272027

Date

Daytime Phone #

CR2E034 (4/03)