

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90127 037 ***150.00

DOCUMENT # P02000006340

1. Entity Name
HENSHIN AUTO DESIGN, INC.



Principal Place of Business
**6630 BEACH BLVD., SUITE 5
JACKSONVILLE FL 32216**

Mailing Address
**6630 BEACH BLVD., SUITE 5
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

**11655 Central Pkwy ~~11655~~
Suite, Apt. #, etc. Ste 312**

Same
Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

Zip
32224 Country
USA

Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0373892

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

**LEE, HUNG
10868 LYDIA ESTATES DR EAST
JACKSONVILLE FL 32218**

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 **D** ☒ Delete
NAME **VO, TRI**
STREET ADDRESS **6630 BEACH BLVD., SUITE 5**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D, P** ☒ Change ☐ Addition
NAME **VO, TRI**
STREET ADDRESS **2636 Canterwood Dr**
CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, VP** ☐ Change ☒ Addition
NAME **Le, HUNG**
STREET ADDRESS **10868 Lydia Estates Dr, E**
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

1/27/03 (aom) 338-0078
Date Daytime Phone #

CR2E034 (10/02)