

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90744 014 ***150.00

DOCUMENT #

1. Entity Name

90000034349

YONG HE. INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Lee's Chinese Restaurant

3. Mailing Address

2755 2760 University DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9107 Taft ST.

18999 Biscayne Blvd

City & State

City & State

Pembroke Pine FL

Aventura FL #205

Zip

Country

Zip

Country

33024

Broward

333180

Miami Dade

4. FEI Number

0205 77304.

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

YONG HE INC.

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

9107 Taft ST Pembroke Pine

City

Pembroke Pine

FL

Zip Code

33024

DO NOT WRITE IN THIS SPACE

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]

Owner

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President YONG HE

9107 Taft ST

Pembroke Pine FL 33024

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03

954 257 2222

CR2E034B (12/02)