

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90455 037 ***150.00

DOCUMENT # P02000043144

1. Entity Name
HENRY ARTS & PORTRAIT INC.



Principal Place of Business
11401 NW 12TH STREET RMU 18
MIAMI FL 33172

Mailing Address
11401 NW 12TH STREET RMU 18
MIAMI FL 33172



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
20802 Pebble Creek Ct.
Suite, Apt. #, etc.

3. Mailing Address
20802 Pebble Creek Ct.
Suite, Apt. #, etc.

City & State
Boca Raton FL
Zip
33498
Country
USA

City & State
Boca Raton FLORIDA
Zip
33498
Country
USA

4. FEI Number
04-3649006
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WANG, HONGGANG
20802 PEBBLE CREEK CT
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	WANG, HONGGANG	TITLE	
STREET ADDRESS	20802 PEBBLE CREEK CT	NAME	
CITY-ST-ZIP	BOCA RATON FL 33498	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 Wang, Hong Gang. 4/1/03

Date

Daytime Phone #

305 213 1627