

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000067414

1. Entity Name
ASAHI WANG, INC.



Principal Place of Business
8152 W. MCNAB RD.
N. LAUDERDALE, FL 33068

Mailing Address
8152 W. MCNAB RD.
N. LAUDERDALE, FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0462418** 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

WANG, CHUN GUANG
8152 W. MCNAB RD.
N. LAUDERDALE, FL 33068

Name **WANG, WEN CI**
Street Address (P.O. Box Number is Not Acceptable)
8152 W. MCNAB ROAD,
N. LAUDERDALE, FL 33068
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

X Wenci Wang

(NOTE: Registered Agent Signature Required when submitting)

5/1/03

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Money 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 **P** ☒ Delete
NAME **WANG, CHUN GUANG**
STREET ADDRESS **8152 W. MCNAB RD.**
CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

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

TITLE **V** ☒ Delete
NAME **WANG, XUE LIN**
STREET ADDRESS **8152 W. MCNAB RD.**
CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PVTS** ☐ Change ☒ Addition
NAME **WANG, WEN CI**
STREET ADDRESS **8152 W. MCNAB ROAD**
CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

X Wenci Wang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

Daytime Phone #

CR2E034 (10/02)