

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0088972 AV

**DOCUMENT # P02000111222**

1. Entity Name  
**NG'S GARDEN, INC.**



04-14-2003 90387 048 \*\*\*150.00

Principal Place of Business  
**2960 W. STATE ROAD 426  
SUITE #1000  
OVIDO FL 32765**

Mailing Address  
**2960 W. STATE ROAD 426  
SUITE #1000  
OVIDO FL 32765**



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 **22/3878468**

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

~~ZHENG, WEN~~  
~~2960 W. STATE ROAD 426~~  
~~SUITE #1000~~  
~~OVIDO FL 32765~~

Name **HOK MEI NG**  
Street Address (P.O. Box Number is Not Acceptable)  
**2960 W. STATE RD #426**  
**SUITE # 1000**  
City **OVIDO, FL 32765 FL** Zip Code **32765**

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 **PD** ☐ Delete  
NAME **ZHENG, WEN**  
STREET ADDRESS **2960 W. STATE ROAD 426**  
CITY-ST-ZIP **OVIDO FL 32765**

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

TITLE **VD** ☐ Delete  
NAME **NGENG, HOK MEI**  
STREET ADDRESS **2960 W. STATE ROAD 426**  
CITY-ST-ZIP **OVIDO FL 32765**

TITLE **PD** ☒ Change ☐ Addition  
NAME **HOK MEI NG**  
STREET ADDRESS **2960 W. STATE RD #426 SUITE #1000**  
CITY-ST-ZIP **OVIDO, FL 32765**

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  
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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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/1/2003**

CR2E034 (10/02)