CR2E034 (10/02)

FILED

2003 FOR PROFIT CORPORATION

Mar 03, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000117417 DOCUMENT # 03-03-2003 90470 048 ***150.00 1. Entity Name CHENG YEUNG KEE CORP. Principal Place of Business Mailing Address 6081 HOLLYWOOD STREET 6081 HOLLYWOOD STREET JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 10800 N. City & State 4. FEI Numbe Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33410 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EUN G CAROTHERS, BARRY D 4400 PGA BLVD SUITE 800 PALM BEACH GARDENS FL 33410 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change TITLE ☐ Delete TITLE ☐ Addition CHENG, RON Y NAME NAME 6081 HOLLYWOOD STREET STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME CHENG. XIUFANG NAME 6081 HOLLYWOOD STREET STREET ADDRESS STREET ADDRESS JUPITER FL:33458 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

☐ Delete

Daytime Phone #

☐ Change

☐ Addition