

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20400

1. Entity Name

HONG KONG TRADE DEVELOPMENT COUNCIL, INC.

Principal Place of Business

219 EAST 46TH STREET
NEW YORK NY 10017

Mailing Address

219 EAST 46TH STREET
NEW YORK NY 10017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

10017-2951

Country

Zip

10017-2951

Country

4. FEI Number

13-3496835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHIU, ROBIN	
STREET ADDRESS	219 E 46TH ST 2ND FL	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LEUNG, GODFREY	
STREET ADDRESS	219 E 46TH ST.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHOW, JACQUELINE	
STREET ADDRESS	46-12 161 STREET	
CITY-ST-ZIP	FLUSHING NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SZE, MICHAEL	
STREET ADDRESS	SOUTH BAY TOWERS, APT 12B	
CITY-ST-ZIP	59 SOUTH BAY HONG KONG	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAU, DENNIS	
STREET ADDRESS	602 A VILLA VERDE	
CITY-ST-ZIP	HONG KONG	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAM, FREDERICK	
STREET ADDRESS	16 GUILDFORD RD THE PEAK	
CITY-ST-ZIP	HONG KONG CH	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIU, PEGGIE SIN YEE	
STREET ADDRESS	219 E 46TH ST	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90073 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)