

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90033 002 ***150.00

DOCUMENT # P94000026277

1. Entity Name

K-100 INCORPORATION

Principal Place of Business

**5901 LAKE SHORE DRIVE
 FT LAUDERDALE FL 33312
 US**

Mailing Address

**5901 LAKE SHORE DR.
 FT. LAUDERDALE FL 33312**

2. Principal Place of Business

Suite, Apt. #, etc.

Fort Lauderdale,

City & State

Zip
33312

Country
Broward

3. Mailing Address

Suite, Apt. #, etc.

FL

City & State

Zip
33312

Country
Broward

6. Name and Address of Current Registered Agent

**CHANG, MARIA
 2430 WEST 71 PLACE
 HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33185

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

Zhi Ying Lu

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **(President)** ☐ Delete
 NAME **ZHI YING, LU**
 STREET ADDRESS **3600 N. 56 AVE #105**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME **president**
 STREET ADDRESS **ZHI YING LU**
 CITY-ST-ZIP **15111 SW 46 Terr. Miami, FL 33185**

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Zhi Ying Lu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01 (954) 987-6178

DATE Daytime Phone #

CR2E034 (10/00)