

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000040528**

1. Entity Name

KING PALACE II, INC.

Principal Place of Business

**330 NE 167 STREET
NORTH MIAMI BEACH FL 33162**

Mailing Address

**330 NE 167 STREET
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0501700**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****GREENBERG, ALAINE S
6950 CYPRESS ROAD
SUITE 101
PLANTATION FL 33317****7. Name and Address of New Registered Agent**Name **Hong Jiah ZHENG**Street Address (P.O. Box Number is Not Acceptable)
13091 N.W. 9 StreetCity **Sunrise****FL**Zip Code
33325

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

**Hong Jiah Zheng****1/11/01**

(NOTE: Registered Agent signature required when reinstating)

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**

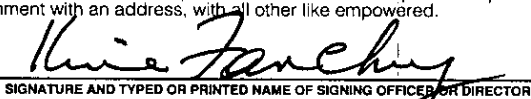
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHUNG, WOON CHONG	
STREET ADDRESS	330 NE 167 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NG, DOMELLA	
STREET ADDRESS	330 NE 167 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHUNG, WAI LEUNG	
STREET ADDRESS	330 NE 167 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hong Jiah Zheng	
STREET ADDRESS	13091 N.W. 9 Street	
CITY-ST-ZIP	Sunrise, FL 33325	
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		

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Wai Leung Chung****1/11/01**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)