## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 09, 2002 8:00 am 5 Secretary of State DOCUMENT # P94000068581 1. Entity Name 05-09-2002 90053 008 \*\*\*150.00 ED WONG GLASS & MIRROR DEPOT, INC. Principal Place of Business Mailing Address 7817 W. INDIGO STREET 4328 N E 11TH AVENUE MIRAMAR FL 33023 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address <del>44th., Terr</del> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0518430 Coconut Creek, Fl. Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33073 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WONG, BRENNA JILL Street Address (P.O. Box Number is Not Acceptable) 7817 W. INDIGO STREET MIRAMAR FL 33023 City Zip Code FL 8. Time 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Delete TITLE TITLE P ★ Change ☐ Addition wong, Edmond NAME NAME Edmond Wong 7817. W. INDIGO STREET STREET ADDRESS STREET ADDRESS 4323 N.W. 44th., Terr. CITY-ST-7IP MIRAMAR FL 33023 CITY-ST-ZIP Coconut Creek, Fl. 33073 ☐ Delete TITLE ☐ Addition Change v/s NAME WONG, BRENNA JILL NAME Brenna Jill Wong STREET ADDRESS 7817 W. INDIGO STREET STREET ADDRESS 4323 N.W. 44ht., Terr. CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP Coconut Creek, F1. 33073 Change ☐ Delete TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.