2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POSCOCO 102



FILED Mar 31, 2003 8:00 am § Secretary of State

1. Entity Nar	INTERPRISES, INC.	03-31-2003 90173 013 ***150.00							
Principal Place 5404 33RD S BRADENTON		Mailing Address 5404 33RD STREET EA BRADENTON FL 34203	5404 33RD STREET EAST				Trið end e 31 0 11	ESIES 1112 (551	
2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- CHECK HEDE IE MAKING CHANGES				
					CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-059090	1		pplied For ot Applicable	-
Zip Country		Zip	Cour	ntry	5. Certificate of Status Desired		\$8.75 Ad		1
	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New I	Registered A	gent		1
WONO	AND A	والمحيمات يهيزان والأراب الريسيانية	~ - ~	.Name	و ما المان المان المان المان و المان و المان المان المان المان المان المان و	المتدارات المحوضات	و را سهب هم		7
WONG, J 5404 33F	id street east			Street Address	(P.O. Box Number is Not Acceptable)				
BRADENTON FL 34203									1
	ie, i			City	1.00	FL	Zip Cod	le	1
8. The above the obligation	e named entity submits this statemen tions of registered agent.	it for the purpose of changing	ts register	.t. ed office or registe	red agent, or both, in the State of Fl	orida. I am fa	amiliar with,	and accept	1
SIGNATURE	Signature, typed or printed name of registered ag	tent and title if annicable (Michael	OTE: Bogistore	d Agent signature required	d who reignate in a	DATE			ļ
	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0		J.C. Hogistole	o Again signature requisi	9. Election Campaign Fi		\$5.0	10 May Be	1
	k Payable to Florida Department				Trust Fund Contribution	on.	Added	to Fees	
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	1
TITLE	PVDS	☐ Delete	TITL	Ε			☐ Change	Addition	3
NAME	WONG, SZE CHUN 5404 33RD ST E		NAM						1
STREET ADDRESS CITY-ST-ZIP	BRADENTON FL			ET ADDRESS - ST-ZIP					5
TITLE		□ Delete	TITLE		<u> </u>		Channa	FTT suutous	120
NAME		LI Delete	NAM				☐ Change	Addition	5
STREET ADDRESS				ET ADDRESS					ł
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE		***************************************		Change	☐ Addition	1
. NAME	والمويد يميوني والراد	يد ينده سيخت وليد د د	~NAM		ليسيده ووالاناه الانازال ويسيين المسين سيسو	**************************************	→		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS					
	y-W			-ST-ZIP					4
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE	 			Change	Addition	1
NAME			NAM				onange		
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	- \$T- ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAMI Stre	E Et address					
			■ JINE	LI NUMBER					

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.

CITY-ST-ZIP

SIGNATURE