

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053512

1. Entity Name

LONGUASA, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90216 018 ***150.00

Principal Place of Business

3303 N.W. 135TH ST
OPA LOCKA FL 33054

Mailing Address

6701 S.W. 34TH ST
MIAMI FL 33155-3843

2. Principal Place of Business

8529 NW 56 ST.
Suite, Apt. #, etc.

3. Mailing Address

8529 NW 56 ST
Suite, Apt. #, etc.

City & State

MIAMI, FL 33166

City & State

MIAMI, FL

4. FEI Number

65-0597589

Applied For

Not Applicable

Zip

Country

MIAM-DADE

Zip

Country

MIAMI DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEN CHOU, HUNG
6701 S.W. 34TH STREET
MIAMI FL 33155

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

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, 2000 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 ☐ Delete

P
KUN HUO, CHOU
6701 S.W. 34TH STREET
MIAMI FL 33155

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00
Date

305-629-8363
Daytime Phone #

CR2E034 (9/99)