## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 22, 2000 8:00 am Secretary of State OCUMENT # P95000091875 Entity Name FORTUNE INC. 02-22-2000 90008 022 \*\*\*150.00 ানুল Place of Business Mailing Address 11924 FOREST HILL BLVD NO 24 & 25 -- FOREST HILL BLVD NO 24 & 25 WEST PALM BEACH FL 33414-6256 😑 PALM BEACH FL 33414 - C0023629 3. Mailing Address. Principal Place of Business the 1924 Forest Hill Blud. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0610130 Not Applicable Beach \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHING, SHIH C Street Address (P.O. Box Number is Not Acceptable) 11924 FOREST HILL BLVD., #24 **WELLINGTON FL 33414** Zin Code City F١ 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. Pyes ident CHING, SHIH C. (NOTE: Registered Agent signature required when reinstaturg) nature, typed or printed name of registered agent and title if applicable. FILE NOW!!!:FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Rayable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change Delete TITLE NAME CHING, SHIH STREET ADDRESS 11924 FOREST HILL BLVD. #24 .... AUMESS CITY-ST-ZIP ST 7IP **WELLINGTON FL 33414** ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP Change Addition ☐ Delete TITLE ITLE NAME IAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME IAME STREET ADDRESS TREET 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. 1/3/200 SIGNATURE: