

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90214 018 \*\*\*150.00

DOCUMENT #P96000016772

1. Entity Name

HOWE WING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8341 N.W. 12 St.

Suite, Apt. #, etc.

3. Mailing Address  
8341 N.W. 12 St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, FL

4. FEI Number  
65-0654424

Applied For  
Not Applicable

Zip  
33184

Country  
Miami-Dade

Zip  
33184

Country  
Miami-Dade

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Wong, Yuk Sum

Street Address (P.O. Box Number is Not Acceptable)  
15340 S.W. 32 Terrace

City Miami FL Zip Code 33185

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
WONG, Yuk Sum  
15340 SW 32 Terrace  
Miami, FL 33185

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVPS  
WONG, Maruca  
1221 SW 32 Terrace  
Miami, FL 33185

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Maruca Wong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maruca Wong

4-19-2003

Date

Daytime Phone #

CR2ED34B (12/01)