

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000043679****1. Entity Name**  
**EASTERN PEARL, INC.****FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90070 001 \*\*\*150.00

**Principal Place of Business****Mailing Address****16520 S TAMiami TRAIL**  
**S FT MYERS FL 33908****16520 S TAMiami TRAIL**  
**S FT MYERS FL 33908****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **65-0673945**

Applied For

Not Applicable

**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****HO, DANNY YIU**  
**16520 S TAMiami TRAIL**  
**S FT MYERS FL 33908**

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete  
**NAME** **HO, DANNY YIU**  
**STREET ADDRESS** **17460 INGRAM RD**  
**CITY-ST-ZIP** **FT MYERS FL 33912****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **T** ☐ Delete  
**NAME** **WONG, HING F**  
**STREET ADDRESS** **18262 MANTANZAS ST**  
**CITY-ST-ZIP** **FT MYERS FL 33912****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **VP** ☐ Delete  
**NAME** **LANG, MEI LAI**  
**STREET ADDRESS** **13572 CHERRY TREE CT**  
**CITY-ST-ZIP** **FORT MYERS FL 33912****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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.****SIGNATURE:** *Yiu Keung Ho*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)