

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

DOCUMENT # *P96000043679*

1. Entity Name

*EASTERN PEARL, INC.*

**FILED  
May 21, 2002 8:00 am  
Secretary of State**

05-21-2002 91168 014 \*\*\*150.00

*667787*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*16520 S. TAMiami TRL*

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

*FT MYERS, FL*

Zip *33908*

Country *Lee*

City & State

Zip

Country

4. FEI Number

*64-0673950*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*HO, DANNY YIU*

Street Address (P.O. Box Number is Not Acceptable)

*16520 S. TAMiami TRL*

City

*FT MYERS*

FL

Zip Code  
*33908*

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 \$6125  
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	<i>HO, DANNY YIU 17460 INGRAM RD FT MYERS, FL 33912</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>WONG, HING I 18262 MANTANEA ST FT MYERS, FL 33912</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP LUNG, MBI LAI 13572 CHERRY TRAIL CT FT MYERS, FL 33912</i>	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: *\* H - Recomp L* HO, YIU KUNG 4-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)