

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-21-2002 90884 013 ***150.00

DOCUMENT # P96000051569

1. Entity Name

BIG WONG, INC.

Principal Place of Business

087 SW 48 LANE
MIAMI FL 33175

Mailing Address

14087 SW 48 LANE
MIAMI FL 33175

91676

1. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

7991 SW 40 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FL 33155

4. FEI Number 65-0766472

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KATZ, LAWRENCE S ESQ
 3225 AVIATION AVENUE
 SUITE 300 BAYVIEW PLAZA
 COCONUT CROVE FL 33133

Name

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

City

FL

Zip Code

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 signatures required when reinstating)

DATE

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, 2002 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	YU, GREGORY T	14077 SW 48TH LANE	MIAMI FL 33175				
VP	YU, TIMOTHY	14077 SW 48TH LANE	MIAMI FL 33175				
S	YU, MEI	14087 SW 48 LN	MIAMI FL				

3. 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mei Yu

6/3/02

Date

Typed Name

CR25034 (10/00)