## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 12, 2002 8:00 am § Secretary of State **DOCUMENT #** P96000072211 1. Entity Name 05-12-2002 90650 024 \*\*\*158.75 KAMPO OF HIALEAH CORP. Principal Place of Business Mailing Address 1234 W 44 PL 1234 W 44 PL HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied Fo 65-0699667 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -- 7. Name and Address of New Registered Agent Name REYNALDO TONG CHANG, KUN-TAI Street Address (P.O. Box Number is Not Acceptable) 1234 W 44 PLACE 1234 West 44th Place HIALEAH FL 33012 City Zip Code 33012 Hialeah 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. REYNALDO TONG d title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change CR2E034 (9/01 X Delete TITLE PD ☐ Addition NAME CHANG, KUN-T NAME REYNALDO TONG STREET ADDRESS 5<del>714 E 41 ST</del> STREET ADDRESS 6984 West 24th Lane CITY-ST-ZIP BRADENTON-FL 34203 CITY-ST-ZIP Hialeah F1-33016-5471 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST\_ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

REYNALDO TONG

FILED