

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90447 020 ***150.00

DOCUMENT # *P96000095552*

1. Entity Name

CHINA MING, INC.



DO NOT WRITE IN THIS SPACE

10077881

2. Principal Place of Business

2738 N. ANDREWS AVE

Suite, Apt. #, etc.

3. Mailing Address

18999 BISCAYNE BLVD.

Suite, Apt. #, etc.

205

DO NOT WRITE IN THIS SPACE

City & State

WILTON MANORS, FL.

City & State

ADVENTURA

4. FEI Number

65-0710898

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LEE TUNG HING

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

4884 SW 38 Way

City

Hollywood

FL

Zip Code

33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

@ 4-16-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE *DPST*
NAME *LEE TUNG HING*
STREET ADDRESS *4884 SW 38 Way*
CITY - ST - ZIP *Hollywood, FL, 33312*

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *@*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

@ 4-16-03

CR2E034B (12/02)