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

## FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90248 048 \*\*\*150.00

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DOCUMENT # P91000009318 1. Entity Name WING FAT FAT CORPORATION	
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2. Principal	Place of Busin	NES BEND.	3. Mailing Address	<i></i>		
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Cuito, Apr	II , G.G.	_	Suite, Apt. #, etc.	-	DO NOT WRITE IN TH	HIS SPACE
City & Aa	ite IBRUKE TI	NES, FL.	City & State	1, FZ.	4. FEI Number 65-0726737	Applied For Not Applicable
Zip	33024	SeowARD	Zip 33180	Country MAYI DASE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		The second secon			7. Name and Address of Current Registe	
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9 The above	nomed entity	cultural this statement (				L ZIPS SOZL
the obliga	tions of registe	ed agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE	X Sta	e better -	>		@ 2~c	8-03
Ja	reconstitution and a second and a second	r printed name of registered agen y 1 Fee Is \$150.00	and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstaling) DAT	E
	After May 1, Amended	, Fee is \$550.00 UBR is \$61.25 Florida Department o			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		OFFICERS AND	odite contrata antitional	William Programme And Comment		
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I nereby 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