

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90009 033 \*\*\*150.00

**DOCUMENT # P97000019451**

**1. Entity Name**  
**HEARTY-TIANTAM INDUSTRIES CORPORATION**

**Principal Place of Business**

**10033 9TH STREET NORTH**  
**#108**  
**ST. PETERSBURG FL 33716**

**Mailing Address**

**10033 9TH STREET NORTH**  
**#108**  
**ST. PETERSBURG FL 33716**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3445456**

Applied For

Not Applicable

**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**

**CHENG, JUNYU**  
**10033 9TH STREET NORTH**  
**#108**  
**ST. PETERSBURG FL 33716**

Name  
**David W. LEE**

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

**10033 9th St. N. #108**

City **St. Petersburg, FL** ~~33716~~ **FL**

Zip Code **33716**

**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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D.** ☒ Delete  
NAME **CHENG, JUNYU**  
STREET ADDRESS **10033 9TH ST. N. #108**  
CITY-ST-ZIP **ST. PETERSBURG FL 33716-2336**

TITLE **D.** ☐ Change ☒ Addition  
NAME **LEE, David W.**  
STREET ADDRESS **10033 9th St. N. #108**  
CITY-ST-ZIP **St. Petersburg, FL 33716-2336**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE: DAVID LEE**

SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/02**

Date

**727-579-4318**

Daytime Phone #

CR2E034 (9/01)