

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P07000070731**

1. Entity Name

**ZHEN ZHONG ZENG, INCORPORATED**

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90048 024 \*\*\*150.00

Principal Place of Business

Mailing Address

1422 WELSON RD  
ORLANDO FL 32837

1422 WELSON RD  
ORLANDO FL 32837-6553

2. Principal Place of Business

**Blossom**  
**12915 South Orange Trail**  
Suite, Apt. #, etc.

3. Mailing Address

**Blossom**  
**12915 South Orange Trail**  
Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando FL**

Zip

**32837**

Country

Zip

**FL 32837**

Country

4. FEI Number

**59-3464349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**ZENG, ZHEN ZHONG**  
**1422 WELSON RD**  
**ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

**ZENG ZHEN ZHONG**

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

**12915 South Orange Blossom Trail**

City

**Orlando**

FL

Zip Code

**32837**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**2/14/2000**

DATE

9. 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, 2000 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ZENG, ZHEN ZHONG</b>	
STREET ADDRESS	<b>1422 WELSON RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KO, YUK KEUNG</b>	
STREET ADDRESS	<b>12915 S. ORANGE BLOSSOM TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KO, SUK FAN</b>	
STREET ADDRESS	<b>2217 85th STREET</b>	
CITY-ST-ZIP	<b>BROOKLYN, NY 11223</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>TSANG SUK YU KO</b>	
STREET ADDRESS	<b>12915 S. ORANGE BLOSSOM TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ZHONG, YUAN HUI</b>	
STREET ADDRESS	<b>2424 SWAILES DR. #3</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ZHONG, CUI JUAN</b>	
STREET ADDRESS	<b>12915 S. ORANGE BLOSSOM TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/2000**

Date

**407-438-0988**

Daytime Phone #

CR2E034 (9/99)