

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90081 025 \*\*\*150.00

**DOCUMENT # P97000070731**

1. Entity Name

**ZHEN ZHONG ZENG, INCORPORATED**

Principal Place of Business

**12915 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32837**

Mailing Address

**12915 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32837**

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 **59-3464349**

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

**ZENG, ZHEN ZHONG  
12915 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32837**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **P** ☐ Delete  
NAME **ZENG, ZHEN ZHONG**  
STREET ADDRESS **1422 WELSON RD**  
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **V** ☐ Delete  
NAME **KO, YUK KEUNG**  
STREET ADDRESS **12915 S ORANGE BLOSSOM TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **V** ☐ Delete  
NAME **KO, SUK FAN**  
STREET ADDRESS **2217 85TH ST**  
CITY-ST-ZIP **BROOKLYN NY 11223**

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

TITLE **V** ☐ Delete  
NAME **TSANG, SUK YU KO**  
STREET ADDRESS **12915 S ORANGE BLOSSOM TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **V** ☐ Delete  
NAME **ZHONG, YUAN HUI**  
STREET ADDRESS **2424 SWAILES DR., #3**  
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **V** ☐ Delete  
NAME **ZHONG, CHI JUAN**  
STREET ADDRESS **12915 S ORANGE BLOSSOM TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32837**

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:**

**Zhen Zhong Zeng, PRESIDENT**

**4-11-01**

**407-438-0988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)