

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90223 012 \*\*\*150.00

**DOCUMENT # P97000070939**

1. Entity Name  
**YEH-FU INC.**



Principal Place of Business  
**3255 NORTHWEST 114TH LANE  
CORAL SPRINGS FL 33065**

Mailing Address  
**3255 NORTHWEST 114TH LANE  
CORAL SPRINGS FL 33065**



2. Principal Place of Business  
**6884 N. KENDALL DR**

3. Mailing Address  
**6884 N. KENDALL DR.**

Suite, Apt. #, etc.  
**#C103**

Suite, Apt. #, etc.  
**#C103**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-0777132**

Applied For  
☐ Not Applicable

Zip  
**33156** Country  
**USA**

Zip  
**33156** Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**YEH, YUN CHAO  
3255 NORTHWEST 114TH LANE  
CORAL SPRINGS FL 33065**

**7. Name and Address of New Registered Agent**

Name  
**YEH, YUN CHAO**  
Street Address (P.O. Box Number is Not Acceptable)  
**6884 N. KENDALL DR #C103**  
City  
**MIAMI** FL Zip Code  
**33156**

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 **YUN CHAO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/13/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	YEH, YUN CHAO	3255 NORTHWEST 114TH LANE	CORAL SPRINGS FL 33065	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	6884 N. KENDALL DR #C103	MIAMI, FL	33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **YUN CHAO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03 305-9914101**  
Date Daytime Phone #

CR2E034 (10/02)