

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099881

1. Entity Name

PLENTIFUL CORPORATION

Principal Place of Business

18529 W. DIXIE HWY  
MIAMI FL 33180  
US

Mailing Address

18529 W. DIXIE HWY  
MIAMI FL 33180-2614  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0796848

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

LAU, WING K  
18533 W. DIXIE HWY  
AVENTURA FL 33180

Name LAU WING K ZOUNG

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

9189 Fontainebleau Blvd #8

City MIAMI

FL

Zip Code 33172

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	LAU, WING K		
STREET ADDRESS	9189 FONTAINEBLEAU BLVD. #8		
CITY-ST-ZIP	MIAMI FL 33172		
DS	WU, PEI G		
STREET ADDRESS	2821 N.E. 163 STREET #4F		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		
DT	TENG, YU SHAN		
STREET ADDRESS	2821 N.E. 163 STREET #4F		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)