## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 16, 2000 8:00 am DOCUMENT # **P98000052973** 1. Entity Name Secretary of State HING HUEY CORP. 03-16-2000 90078 043 \*\*\*150.00 Principal Place of Business Mailing Address 5822 EAGLE CAY LANE 71 S. FEDERAL HIGHWAY **BOCA RATON FL 33432** COCONUT CREEK FL 33073-2615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. EEI Number 65-0849044 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YEUNG, HING TIN Street Address (P.O. Box Number is Not Acceptable) 5822 EAGLE CAY LANE **COCONUT CREEK FL 33073** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 **\$5.00** May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) □ Change ☐ Addition TITLE ☐ Delete NAME YEUNG, HING TIN STREET ADDRESS STREET ADDRESS 5822 EAGLE CAY LANE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 Delete Addition TITLE NAME YEUNG, FAN TO NAME STREET ADDRESS STREET ADDRESS 5822 EAGLE CAY LANE CITY-ST-7IP CITY-ST-ZIP COCONUT CREEK FL 33073 Addition υP Change TITLE ☐ Delete NAME YEUNG, SHUK HING NAME STREET ADDRESS STREET ADDRESS 5822 EAGLE CAY LANE CITY-ST-7IP CITY-ST-ZIP COCONUT CREEK FL 33073 Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 🔒 ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Phereby 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 arrother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR