

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91120 001 ***150.00

DOCUMENT # P 98000079698

1. Entity Name

WENG FA, , INC.

Principal Place of Business

4051 N. FEDERAL HIGHWAY
 POMPAN0 BEACH, FL 33064

Mailing Address

4051 N FEDERAL HIGHWAY
 POMPAN0 BEACH, FL 33064

2. Principal Place of Business

4051 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

4051 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

City & State

POMPAN0 BEACH

City & State

POMPAN0 BEACH

4. FEI Number

65-0893883

Applied For

Not Applicable

Zip

33064

Country

Zip

33064

Country

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

LI, SHI HONG
 4320 NE 15TH TERRACE
 FT LAUDERDALE, FL 33334

Name

SHI HONG LI

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

4320 NE 15TH TERRACE

City

POMPAN0 BEACH

FL

Zip Code

33334

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

Shihong Li (SHI HONG LI) Pres.

4-23-01

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 LI, SHI HONG
 STREET ADDRESS 4320 NE 15TH TERRACE
 CITY-ST-ZIP POMPAN0 BEACH, FL 33334

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

TITLE S ☐ Delete
 NAME CAI, YAN WEN
 STREET ADDRESS 4320 NE 15TH TERRACE
 CITY-ST-ZIP POMPAN0 BEACH, FL 33334

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Shihong Li

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

954-946-0300

Daytime Phone #

CR2E034 (10/00)