

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000083545**

1. Entity Name

HING LUNG, INC.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90026 006 ***150.00

Principal Place of Business

**9563 NW 28 STREET
POMPANO BEACH FL 33065
CORAL SPRINGS**

Mailing Address

**9563 NW 28 STREET
POMPANO BEACH FL 33065
CORAL SPRINGS**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0865811

Applied For

Not Applicable

Zip

Country

Zip

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

HO, WANLUNG**9563 NW 28 STREET****POMPANO BEACH FL 33065****CORAL SPRINGS**

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 State10. 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 ☐ DeleteNAME **VD**STREET ADDRESS **HO, WANLUNG**CITY-ST-ZIP **9563 NW 28 STREET****POMPANO BEACH FL 33065**TITLE ☐ DeleteNAME **PD**STREET ADDRESS **TAM, CHI HING**CITY-ST-ZIP **2511 SCOTT ST.****HOLLYWOOD FL 33020**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)