

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90308 042 ***150.00

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DOCUMENT # P98000087387

1. Entity Name

AUTO ICHI-BAN, INC.

Principal Place of Business

4960 S.W. 52 ST. BAY #414-419
DAVIE FL 33314

Mailing Address

C/O CHUCK H. LEE
7788 NW 71 WAY
PARKLAND FL 33067



2. Principal Place of Business

4960 S.W. 52 St

3. Mailing Address

Lai Ting Yau

Suite, Apt., #, etc.

Bay 414/419

Suite, Apt., #, etc.

6164 NW 78th Ct

City & State

Davie

City & State

Parkland

4. FEI Number

65-0895681

☒ Applied For

☐ Not Applicable

Zip

FL

Country

33314

Zip

FL

Country

33067

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YAU, LAI TING
4960 S.W. 52 ST. BAY #414-419
DAVIE FL 33314

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
 NAME **YAU, LAI TING**
 STREET ADDRESS **4960 S.W. 52 ST. BAY #414-419**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Lai Ting Yau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2002

Date

Daytime Phone #

(954)

45-6128

CR2E034 (9/01)