

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000093174**

1. Entity Name

HUIYING ENTERPRISES, INC.**FILED**
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90100 039 ***150.00

Principal Place of Business

Mailing Address

4956 LECHALET BLVD., #18
BOYNTON BEACH FL 33436**4956 LECHALET BLVD., #18**
BOYNTON BEACH FL 33436**604962**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0876423

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****FENG, HUICONG**
4956 LECHALET BLVD., #18
BOYNTON BEACH FL 33436

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, 2000 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	D	☐ Delete
NAME	FENG, HUICONG	
STREET ADDRESS	4956 LECHALET BLVD., #18	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	☐ Delete
NAME	NG, YUK CHUN	
STREET ADDRESS	4956 LECHALET BLVD., #18	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		☐ Delete
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TITLE		☐ Change ☐ Add
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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 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 #

1-14-00 (561) 735-38