

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101500

1. Entity Name

WAN BROTHERS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90005 035 ***150.00

Principal Place of Business

Mailing Address

C/O YUK TONG WAN
1321 NW 159TH AVE.
PEMBROKE PINES FL 33028

C/O YUK TONG WAN
1321 NW 159TH AVE.
PEMBROKE PINES FL 33028-1627

2. Principal Place of Business
10404 Taft Street

3. Mailing Address
2367 University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Hollywood, FL.

City & State
Coral Springs, FL.

4. FEI Number
65-0881180

Applied For
Not Applicable

Zip
33026

Country
USA

Zip
33065

Country
USA

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

WEN, XIAO FENG
1321 N.W. 159TH AVE.
PEMBROKE PINES FL 33028

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEN, XIAO FENG
1321 N.W. 159 AVENUE
PEMBROKE PINES FL 33028 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PHUNG, BAY HAI
1321 N.W. 159 AVENUE
PEMBROKE PINES FL 33028 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

4/01/00
Date

Daytime Phone #

CR2E034 (9/99)