04/29/2003 18:39 8138887939 JOHN HSIUNG

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90044 034 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106845

1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Phu Garden Inc.	Phu Garden Inc.
Suite, Apt. #, etc. 3516 U.S. 19	Suite, Apt. #, etc. 3516 U.S. 19
City & State NEW PORT RICHEY, FL	City & State NEW PORT RICHEY, FL
Zip / Country 34652 / USA	Zip / Country 34652 / USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 593553726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PHU, MIEN KY

Street Address (P.O. Box Number is Not Acceptable):
3516 U.S. 19

City: NEW PORT RICHEY **FL** Zip Code: 34652

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Annually, May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: Phu, Mien Ky STREET ADDRESS: 3125 Sandhill Dr CITY-ST-ZIP: HOLIDAY FL 34691	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VPD NAME: PHU, QUAN LE STREET ADDRESS: 3125 SANDHILL DR. CITY-ST-ZIP: HOLIDAY FL 34691	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: PHU, HENG HOANG STREET ADDRESS: 3125 SANDHILL DR. CITY-ST-ZIP: HOLIDAY FL 34691	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mien Ky Phu 4-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date