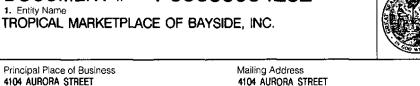
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000004262 **DOCUMENT #** 

1. Entity Name

**CORAL GABLES FL 33146** 



CORAL GABLES FL 33146



## **FILED** Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90239 023 \*\*\*150.00

MUSTILD



2. Principal F	Place of Busin	ness	3. Maili	3. Mailing Address				1			
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	te		City 8	City & State			<b>4.</b> F	FEI Number <b>65-090960</b> 1		pplied For ot Applicable	
Zip	Zip Country Zip				Country			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					
YEUNG, HING YU						Name Street Address (P.O. Box Number is Not Acceptable)					
	ORA STREE										
CORAL GABLES FL 33146											
						City FL Zip Code					
			nt for the purpo	se of changing its r	egistere	d office or regi	stered ag	ent, or both, in the State of Florida. I	am familiar with	and accept	
the obligat	tions of regist	ered agent.								Į.	
SIGNATURE .											
	Signature, typed	or printed name of registered a	gent and title if applic	cable. (NOTE:	Registered	Agent signature req	uired when re	einstating) DA	TE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
10.		OFFICERS A	ND DIRECTOR	RS .	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
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CITY-ST-ZIP						ST-ZIP					
	L										

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**