


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PG9000028279**

1. Entity Name **HING FA INC**
D/b/a YEUNG MING



FILED
04 MAY 14 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 266 SS. SDXIE H.WY		3. Mailing Address 266 SS. SDXIE H.WY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33032	Country U.S.A	Zip 33032	Country U.S.A

DO NOT WRITE IN THIS SPACE

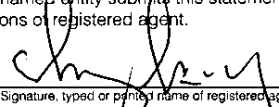
4. FEJ Number 65-0910611	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CHENG, HIN-YEUNG	
Street Address (P.O. Box Number is Not Acceptable) 14600 SW 125 PL	
City MIAMI	State FL
Zip 33186	County DADE

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  (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - 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 PRE	NAME CHENG, HIN YEUNG	TITLE	NAME
STREET ADDRESS 14600 SW 125 PL	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33186	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE V.PRE	NAME CHENG, WAI YEUNG	TITLE	NAME
STREET ADDRESS 14457 SW 122 PL	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33186	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE SEC	NAME CHENG, HUI CHUN	TITLE	NAME
STREET ADDRESS 14600 SW 125 PL	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33186	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:  **CHENG, HIN YEUNG** 4-12-04. 305/258-9068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)