

2000 UNIFORM BUSINESS REPORT (UBR)

1/21/24

FILED
May 18, 2000 8:00 am
Secretary of State

01-25-2000 90123 006 ***150.00

DOCUMENT # P99000049537

1. Entity Name

THE HONG KONG CORPORATION OF PENSACOLA

Principal Place of Business

1094 NAVY BLVD.
PENSACOLA FL 32507

Mailing Address

1094 NAVY BLVD.
PENSACOLA FL 32507-1249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2722397

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN SICKLE, RUSSELL F
3 W. GARDEN ST., STE. 600
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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 date 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

TITLE: **PRES.** ☐ Delete
NAME: **WOON KEUNG WU**
STREET ADDRESS: **1372A Canal DR.**
CITY-STATE-ZIP: **Pensacola, FL 32507**

TITLE: **V.P.** ☐ Delete
NAME: **JANE WU**
STREET ADDRESS: **1372A Canal DR.**
CITY-STATE-ZIP: **Pensacola, FL 32507**

TITLE: **Treas.** ☐ Delete
NAME: **PING LAM WU**
STREET ADDRESS: **3785 BONNER Rd**
CITY-STATE-ZIP: **Pensacola, FL 32503**

TITLE: **Secretary** ☐ Delete
NAME: **MAN WOK CHEUNG**
STREET ADDRESS: **6030 OTTER POINT Rd.**
CITY-STATE-ZIP: **Pensacola, FL 32503**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PING LAM WU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secr. 1/19/00 P99-453-3