2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060630 Jan 20, 2000 8:00 am Secretary of State YOUN'S, INC. 01-20-2000 90219 045 ***150.00 Mailing Address Principal Place of Business 303 US HWY, 301 BLVD, W 117 303 US HWY, 301 BLVD, W 117 BRANDON FL 34205-7926 BRANDON FL 34205 3. Mailing Address 65-0935065 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --WENG-YAN H Street Address (P.O. Box Number is Not Acceptable) 303 US HWY, 301 BLVD, W 117 **BRANDON FL 34205** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Change ☐ Addition ☐ Delete TITLE WENG, YAN HONG NAME NAME STREET ADDRESS 3506 14TH ST. W#271 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRANDON FL 34205** ☐ Addition ☐ Change TITLE ☐ Delete WENG, YAN YING NAME STREET ADDRESS 3506 14TH; ST. W#271 STREET ADDRESS CITY-ST-ZIP **BRANDON FL 34205** CITY-ST-ZIP 🗕 📑 Change 🏲 🗀 Addition – TITLE Delete.--TITLE WENG, CHAO YI NAME NAME STREET ADDRESS 3506 14TH ST. W#271 STREET ADDRESS CITY-ST-ZIP Brandón fl 34205 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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.