

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91317 033 ***150.00

DOCUMENT # P99000071587

1. Entity Name
JUST LIKE NEW INC.

Principal Place of Business

**312 S. STATE RD 7
MARGATE FL 33068**

Mailing Address

**300 N.E. 211 STREET
NO. MIAMI BEACH FL 33179**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6553 NW 78 PLACE

Suite, Apt. #, etc.

City & State

FL Parkland

Zip

33067

Country

FL

4. FEI Number

65-0941029

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LIANG, MING CHE
300 N.E. 211 STREET
NO. MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

Name **LIANG MING CHE**

Street Address (P.O. Box Number is Not Acceptable)

6553 NW 78 PL

City

Parkland

FL

Zip Code

33067

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

Ming Liang

(NOTE: Registered Agent signature required when reinstating)

4-29-2002

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	LIANG, MING CHE	
STREET ADDRESS	300 N.E. 211 STREET	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YEH, SHAO HUA	
STREET ADDRESS	300 N.E. 211 STREET	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIANG MING CHE	
STREET ADDRESS	6553 NW 78 PALACE	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEH, SHAO HUA	
STREET ADDRESS	6553 NW 78 PL	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2002 (954) 757-5979
Date Daytime Phone #

CR2E034 (9/01)