

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076891

1. Entity Name

WASING PHOTO, INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90189 027 ***150.00

Principal Place of Business

Mailing Address

15871 NW 15 COURT
PEMBROKE PINE FL 33028

15871 NW 15 COURT
PEMBROKE PINE FL 33028-1682

C0029074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8848 state rd 84

3. Mailing Address

15871 NW 15 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Pembroke Pines FL

4. FEI Number

65-0945231

Applied For

Not Applicable

Zip

33324

Country

Zip

33028

Country

5. 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

DONG, SHU YI
15871 NW 15 COURT
PEMBROKE PINE FL 33028

Name

DONG, SHU YI

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

8848 state rd 84

City

DAVIE

FL

Zip Code

33324

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
DONG, SHU YI
STREET ADDRESS 15871 NW 15 COURT
CITY-ST-ZIP PEMBROKE PINE FL 33028

TITLE ☐ Change ☐ Addition
NAME DONG, SHU YI
STREET ADDRESS 8848 state rd 84
CITY-ST-ZIP DAVIE FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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] SHU YI DONG 1-30-2000 954-476-6665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)