

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90258 022 ***150.00

DOCUMENT # P99000086786

1. Entity Name

DRAGON INTERNATIONAL, INC.

Principal Place of Business

**773 NORTHEAST 195TH STREET
 NORTH MIAMI BEACH FL 33179**

Mailing Address

**773 NORTHEAST 195TH STREET
 NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

5676 Washington St.

3. Mailing Address

5676 Washington St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood

Zip

Country

33023

Zip

Country

33023

4. FEI Number

651102699

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LAI, JUDITH

**773 NE 195 ST
 MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name

Judith Lai

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

5676 Washington Street

City

Hollywood

FL

Zip Code

33023

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-02

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 **PTD** ☐ Delete
 NAME **LAI, WILLIAM**
 STREET ADDRESS **773 NORTHEAST 195TH STREET**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **VSD** ☐ Delete
 NAME **LAI, JUDITH**
 STREET ADDRESS **773 NORTHEAST 195TH STREET**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Lai, Judith**
 STREET ADDRESS **5676 Washington St.**
 CITY-ST-ZIP **Hollywood, FL 33023**

TITLE **V.P.** ☐ Change ☐ Addition
 NAME **Lai, William**
 STREET ADDRESS **5676 Washington Street**
 CITY-ST-ZIP **Hollywood, FL 33023**

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

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

TITLE ☐ Change ☐ Addition
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02 954-964-8220

CR2E034 (9/01)