

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109163

1. Entity Name

YIN-SHING CORPORATION

Principal Place of Business

9536 NW 9 COURT
PLANTATION FL 33324

Mailing Address

9536 NW 9 COURT
PLANTATION FL 33324

2. Principal Place of Business

3414 S. UNIVERSITY DRIVE
Suite, Apt. #, etc.

3. Mailing Address

3414 S. UNIVERSITY DRIVE
Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33328

Country

BROWARD

Zip

33328

Country

BROWARD

4. FEI Number

65-0968131

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, TESHENG
3414 S UNIVERSITY DRIVE
DAVIE FL 33328

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 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, 2001 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 D
NAME LAU, PING YIN
STREET ADDRESS 9536 NW 9 COURT
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE P
NAME LEE, TESHENG
STREET ADDRESS 3414 S UNIVERSITY DR
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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-Yin Lau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2001

Date

(954) 452-4328

Daytime Phone #

CR2E034 (10/00)

0268058



DO NOT WRITE IN THIS SPACE