

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0163004 AV

DOCUMENT # S17053

1. Entity Name
A. E. G. TRADING COMPANY, INC.

04-02-2002 90041 045 ***150.00

Principal Place of Business
**39800 SW 224TH AVE.
MIAMI FL 33034**

Mailing Address
**39800 SW 224TH AVE.
MIAMI FL 33034**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0267071**

Applied For

Not Applicable

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

~~LEUNG, JOSEPH Y CPA~~
~~10999 BISCAYNE BLVD~~
~~SUITE 205~~
~~N MIAMI BEACH FL 33180~~

Name **CHEE CHOON TUN**

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

39800 SW 224 AVE

City **HOMESTEAD**

FL

Zip Code **33034**

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 **LAI YEE VONG**
Signature, typed or printed name of registered agent and title if applicable.

VICE PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	CHEE CHOON, TUN	39800 SW 224 AVE	HOMESTEAD FL 33034	☐
VD	LAI LEE, VONG	39800 SW 224 AVE	HOMESTEAD FL 33034	☐
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td>	CITY-ST-ZIP	☐	☐
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TITLE	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td>	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 **LAI YEE VONG (VICE PRESIDENT)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/02

CR2E034 (9/01)