<u>∻</u> 200`	1 UNIFORM BUSI	NESS REPO	RT	HRR)	_		024648
DOCU	MENT # s62630	1.4	V				_
WIN HENE LEE CORPORATION					HVISION OF CORPORATIONS		
Principal Place of Business Mailing Address					OI MAY 25 A	M Q. 57	
	N 107 AVENUE FL 33176	9061 SW 107 AVENUE MIAMI, FL 33176				II G • 3 /	
					111111111111111111111111111111111111111		
•	Place of Business	3. Mailing Address					
9061 SW 107 AVENUE		9061 SW 107 AVENUE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE.		
City & Stat	1	City & State MIAMI, FL 33176			4. FEI Number 65-0269810	Applied For Not Applica	
Zip Country		Zip Countr		гу	5 Configure of Status Decired \$8.75 Additional		
	6. Name and Address of Current Re	egistered Agent			7. Name and Address of New Registered Ager	Required nt	
_MAK, I	BING YIU			Name	EDIMONVILLE	_	
9061 SW 107 AVENUE MIAMI, FL 33176				Street Address (P.O. Box Number is Not Acceptable) SW 107 AVENUE		
		17		City		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office					AMI 33176 5		
8. The above	e named entity submits this statement for t	the purpose of changing its	registere	a office or register	•		in a
SIGNATURE	Signature, typed or printed name of registered agent and	31/04 Y 11745 c inte il applicable. (NOTE		Agent signature required	4-25-0 3 when reinsteting) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and clocts to do so. (See criteria on back) Make Check Payable to Dep				will be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May B Added to Fees	
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS AND DIF		
TITLE NAME STREET ADDRESS _CITY-ST-ZIP_	DP MAK, BING YIU 10620 SW 95th STREET MIAMI, FI 33176	□ Delete 	1			Change	. gill E034 (10/00
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NAME			NAM!	- 1			
STREET ADDRESS CITY-ST-ZIP			1	ST-ZIP			
indicated of the cor	i on this report or supplemental report is t	rue and accurate and that n vered to execute this report	ny signat as requir	ure shall have the	ection 119.07(3)(i), Florida Statutes. I further certify same legal effect as if made under oath; that I am a 7, Florida Statutes; and that my name appears in Bl	an officer of difect	101 1
SIGNAT	TURE: A BANA -	Mah RM	br Y	MAIL	4-25-01		_
	SIGNATURE AND TOPED OF PR	INTED NAME OF SIGNING OFFICER	OR DIRECT	OR	Date Deytor	€ Phone t	-