

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66925

1. Entity Name

SU AND HUANG CORPORATION

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90048 014 ***150.00

Principal Place of Business

Mailing Address

C/O JAMES KARL & ASSOCIATES
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 33934

537 BALD EAGLE DRIVE
MARCO ISLAND FL 34145-2700
US

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

65-0277498

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

JEMMY SU
C/O SU'S GARDEN
537 BALD EAGLE DRIVE
MARCO ISLAND FL 33937

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SU, JEMMY P.F.
226 PALMETTO DUNES CIR
NAPLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
HUANG, JOE M.C.
2137 51ST STREET SW
NAPLES FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SU, JEMMY P.F.
226 PALMETTO DUNES CIR
NAPLES FL

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HUANG, JOE M.C.
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NAPLES FL

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOE M. HUANG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE M. HUANG
Date 1/18/00 941-394-466
Daytime Phone #