

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S70489**

1. Entity Name
SILVER POND, INC.

FILED

02 JUN -5 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4285-4293 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319**

Mailing Address
**4285-4293 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0277815**

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

**ZOU, JI
4285-4293 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319**

Name
YUEN, YAM KIN
Street Address (P.O. Box Number is Not Acceptable)
4285-4293 NORTH STATE ROAD 7
City
LAUDERDALE LAKES FL Zip Code **33319**

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

4/27/02

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. ☐

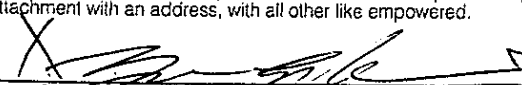
\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LI, JUNYU 4285-4293 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005863657-5 -06/19/02--01063--004 ***1050.00 ***1050.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YUEN, YAM KIN 4285-4293 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: 

4/27/02

CR2E034 (5/00)