2002 Uniform Business Report (UBR)

Mar 29, 2002 8:00 am \$ Secretary of St S86959 DOCUMENT # **Secretary of State** 1. Entity Name 03-29-2002 91403 050 ***150 00 EGG ROLL KINGDOM, INC. Principal Place of Business Mailing Address 11401 PINES BLVD 11401 PINES BLVD SPACE 496 SPACE 496 HOLLYWOOD FL 33026 PEMBROKES PINE FL 33026 3. Mailing Address 2. Principal Place of Business 157487 3276.N_W. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0288269 EMBROK DINES Not Applicable _.Country_ \$8.75 Additional 3028 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIM. HEW TUNG Street Address (P.O. Box Number is Not Acceptable) 13275 N. W. 15TH STRRET PEMBROKE PINES FL 33028 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE LIM. HEW-TUNG NAME NAME 13275 N. W. 15TH STREET STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP 8TD LI KENET-TONG 1631.NN.132 NO ☐ Addition Delete Change TITLE **LI. KENG-TONG** NAME NAME STREET ADDRESS STREET ADDRESS 12181 ROYAL PALM BLVD **CORAL SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.