

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28951

1. Entity Name

GREAT LAKE OF CHINA, INC., #2

Principal Place of Business

12530 PINES BLVD
PEMBROKE PINES FL 33025

Mailing Address

18263 PINES BLVD
PEMBROKE PINES FL 33029

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 65-0332442

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

SUPRASKI, LOUIS A.
11900 BISCAYNE BLVD
SUITE 760
MIAMI FL 33181

Name

Louis A. Supraski

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

2450 N.E. Miami Gardens Drive, 2nd Fl.

No. Miami Beach, FL 33133

City

No. Miami Beach

FL

Zip Code

33180

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, 2001 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 DP ☐ Delete
NAME CHEUNG, LAI CHU
STREET ADDRESS 12530 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL

TITLE DPS ☒ Change ☐ Addition
NAME CHEUNG LAI CHU
STREET ADDRESS 12530 Pines Boulevard
CITY-ST-ZIP Pembroke Pines, FL

TITLE DS ☒ Delete
NAME CHEUNG, CHARLES
STREET ADDRESS 12530 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90481 030 ***150.00

C0032971



DO NOT WRITE IN THIS SPACE

C02F034 (10/00)

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