

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90070 045 \*\*\*150.00

01/17/02 AV

**DOCUMENT # V28951**

1. Entity Name  
**GREAT LAKE OF CHINA, INC., #2**

Principal Place of Business

**12530 PINES BLVD**  
**PEMBROKE PINES FL 33029**

Mailing Address

**18263 PINES BLVD**  
**PEMBROKE PINES FL 33029**

2. Principal Place of Business

**18263 Pines Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address

**18525 SW 12 Street**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Pembroke Pines FL**

Zip  
**33029** Country  
**USA**

City & State  
**Pembroke Pines FL**

Zip  
**33029** Country  
**USA**

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

**SUPRASKI, LOUIS A.**  
**2450 N.E. MIAMI GARDENS DRIVE, 2ND FL.**  
**SUITE 760**  
**N. MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>CHEUNG, LAI CHU</b> <b>12530 PINES BLVD</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>CHU, CHEUNG L</b> <b>12530 PINES BOULEVARD</b> <b>PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18263 Pines Blvd</b> <b>Pembroke Pines, FL 33029</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18263 Pines Blvd</b> <b>Pembroke Pines, FL 33029</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**121-2002 (954) 437-9009**  
 Date Daytime Phone #

CR2E034 (9/01)