2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State V44910 DOCUMENT # 1. Entity Name JADE HOUSE OF LIGHTHOUSE POINT, INC. Principal Place of Business Mailing Address 22620 BLUE FIN TRAIL 22620 BLUE FIN TRAIL **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0340743 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAM, JOHN Street Address (P.O. Box Number is Not Acceptable) 22620 BLUE FIN TRAIL **BOCA RATON FL 33428** Zip Code City FL 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 \$5.00 May Be * 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (Sec_criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition TITLE □ Delete CHENG, HELEN NAME NAME 23213 OLD INLET BRIDGE DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE Change ☐ Addition TITLE WI, RITA NAME NAME **4925 COCONUT CREEK** STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33063** CITY-ST-ZIP CITY-ST-ZIP Change Addition SD ☐ Delete TITLE TITLE NAME NAME CHENG, TINA STREET ADDRESS 23213 OLD INLET BRIDGE DR STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Change ☐ Addition ⊸⊡ Defete* TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change -☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.