

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90106 004 ****61.25

DOCUMENT # F01000002682

1. Entity Name

LING JIU MOUNTAIN BUDDHIST SOCIETY, INC.



Principal Place of Business

**139 CAMERON COURT
WESTON FL 33326**

Mailing Address

**139 CAMERON COURT
WESTON FL 33326**

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 ~~01-0633519~~
13-3784086

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HUANG, MEI-LAN
139 CAMERON COURT
WESTON FL 33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	TRUS HSIN-TAO, SHIH	<input type="checkbox"/> Delete
STREET ADDRESS	10 PLATT STREET	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE NAME	TRUS HUANG, YU-FEN	<input type="checkbox"/> Delete
STREET ADDRESS	10 PLATT STREET	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE NAME	TRUS CHUANG, CHU-WO	<input type="checkbox"/> Delete
STREET ADDRESS	10 PLATT STREET	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE NAME	MD MEI-LAN, HUANG	<input type="checkbox"/> Delete
STREET ADDRESS	139 CAMERON CT.	
CITY-ST-ZIP	WESTON FL 33326	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **MAR. 17 '03 (954) 747-8282**

CR2E037 (10/02)