2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # J34438** 1. Entity Name CHINA JADE, INC. 05-14-2001 90260 043 ***150.00 Principal Place of Business Mailing Address 7308 INTERNATIONAL DR. 12926 W. COLONIAL WINTER GARDEN FL 37487 ORLANDO FL 32819 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2733254 Not Applicable Zip Ζip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HUE NGUYEN PHAN** Street Address (P.O. Box Number is Not Acceptable) 7308 INTERNATIONAL DRIVE ORLANDO FL 32819 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE **HUE NGUYEN PHAN** NAME MAME 9097 HARBOR ISLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP **WINDERMERE FL 34786** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE PHAN, KHAI HUE NAME NAME STREET ADDRESS STREET ADDRESS 9097 HARBOR ISLE CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP