

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061608

1. Entity Name

GUANGLI, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90062 042 ***150.00

Principal Place of Business

Mailing Address

~~10851 SW 40TH ST~~
~~MIAMI FL 33165~~
US

~~10851 S.W. 55TH ST.~~
~~MIAMI FL 33165-7012~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-0605288

Applied For

Not Applicable

Zip 33165 Country MIAMI DADE

Zip 33165 MIAMI DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

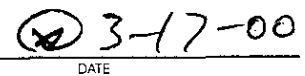
7. Name and Address of New Registered Agent

TAM, KWOK Y
10851 S.W. 55TH ST.
MIAMI FL 33165

Name TAM KWOK Y
Street Address (P.O. Box Number is Not Acceptable)
10851 SW 40 ST.
MIAMI,
City FL Zip Code 33165

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 

 3-17-00

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, 2000 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

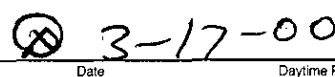
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAM, KWOK Y 10851 S.W. 55TH ST. MIAMI FL 33165	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10851 SW 40 ST. MIAMI, FL. 33165	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

 3-17-00

Date

Daytime Phone #

CR2E034 (9/99)