

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**  
 03-16-2001 90065 047 \*\*\*158.75

0235532

**DOCUMENT # P97000006332**

1. Entity Name  
**SHOUGANG MIAMI, INC.**

Principal Place of Business Mailing Address  
~~12010 SW 122ND AVE~~ ~~12010 SW 122ND AVE~~  
 MIAMI FL 33186 MIAMI FL 33186

2. Principal Place of Business 3. Mailing Address  
**12268 SW 130 STREET** **12268 SW 130 STREET**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIAMI FL** **MIAMI FL**

Zip Country Zip Country  
**33186** **33186**

4. FEI Number **65-0717219** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**GAO, TIESHENG**  
~~12010 SW 122ND AVE~~ **12268 SW 130 STREET**  
 MIAMI FL 33186

## 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 *GAO TIESHENG*  
 Signature, typed or printed name of registered agent and date 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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	GAO, TIESHENG	
STREET ADDRESS	8225 SW 152ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEI, XU	
STREET ADDRESS	8225 SW 152ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZHANG, LIZHONG	
STREET ADDRESS	8225 SW 152ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *GAO TIESHENG* **GAO TIESHENG**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mar 13, 2001** **305 2568480**  
 Date Daytime Phone #

CR2E034 (10/00)

**80019904**



DO NOT WRITE IN THIS SPACE