## 2002 Uniform Business Report (UBR)

SIGNATURE:

## **FILED** Mar 27, 2002 8:00 am § Secretary of State P97000006332 DOCUMENT # 1. Entity Name SHOUGANG MIAMI, INC. 03-27-2002 90066 002 \*\*\*158.75 Principal Place of Business Mailing Address 12268 SW 130TH STREET 12268 SW 130TH STREET MIAMI FL 33186 MIAMI FL 33186 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 65-0717219 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAO, TIESHENG 12268 SW 130 STREET Street Address (P.O. Box Number is Not Acceptable) 12010 SW-122ND-AVE-MAMI FL 33186 **MIAMI FL 33186** City 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. agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteriaton back) X Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition Gào. Tiesheng LI, HONG NAME NAME 8225 SW 152ND AVENUE 8275 SW 152 AVENUE MIAMI FL 33193 STREET ADDRESS STREET ADDRESS **MIAMI FL 33193** CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change Addition LEI, XU NAME NAME 8225 SW 152ND AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-ZIP TITLE TD Delete TITLE Change ☐ Addition ZHANG, LIZHONG NAME NAME STREET ADDRESS 8225 SW 152ND AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

may 15, 2002

Daytime Phone #