

FROM :China Star

FAX NO. :9419541700


FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 91278 043 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000072542**

1. Entity Name
FU HOA, INC.



55042242

Principal Place of Business
**3554 FRUITVILLE ROAD
SARASOTA FL 33580**

Mailing Address
**3554 FRUITVILLE ROAD
SARASOTA FL 33580**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number
65-0775844

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**MUI, WANDA
3830 CORTEZ ROAD WEST
SUITE 120
BRADENTON FL 34210**

7. Name and Address of New Registered Agent
Name **LU HONG ZHONG**
Street Address (P.O. Box Number is Not Acceptable)
3554 FRUITVILLE ROAD
City **SARASOTA** FL Zip Code **33580**

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 *Hong Zhong Lu* DATE **4/25/2003**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D.	<input type="checkbox"/> Delete
NAME	LU, HONG ZHONG	
STREET ADDRESS	3554 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 33580	
TITLE	D.	<input type="checkbox"/> Delete
NAME	LU, HONG HUA	
STREET ADDRESS	3554 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 33580	
TITLE	D.	<input type="checkbox"/> Delete
NAME	LU, TONG Z	
STREET ADDRESS	3554 FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 33580	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X. Signature of Hong Zhong Lu* DATE: **4/25/03**

SIGNATURE AND TITLE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E034 (1/0/02)