FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am DOCUMENT # P9800007717 **Secretary of State** CHINA INN OF WINTER HAVEN, INC. 03-19-2001 90045 045 ***150.00 Principal Place of Business Mailing Address 3005 CYPRESS GARDEN RD. 3005 CYPRESS GARDEN RD. WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 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 59-3490734 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUI HAN, KYONG Street Address (P.O. Box Number is Not Acceptable) 3005 CYPRESS GARDEN RD. WINTER HAVEN FL 33884 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. P. D Change ☐ Addition TITLE TITLE Delete CHANG, KIEN NAME NAME WONE MAN Pui 3111 SANDY CR STREET ADDRESS STREET ADDRESS 3005 CYPRES GARDEN Rd CITY-ST-ZIP HAINES CITY FL 33844 CITY-ST-ZIP WILLTER HAVEN, FC 33884 Change ☐ Addition Delete TITE TITLE HUI HAN, KYONG NAME NAME Tu, QING PING STREET ADDRESS 3111 SANDY CR STREET ADDRESS 3005 CYPRESS GARDEN Rd CITY-ST-ZIE HAINES CITY FL 33844 CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIE ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description Phone #