

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-30-2000 90004 038 \*\*\*550.00

**DOCUMENT # P99000073606**

1. Entity Name  
**USA CHINA HERB, INCORPORATED** ✓

Principal Place of Business

7971 S.W. 40TH STREET  
 SUITE 15  
 MIAMI FL 33155

Mailing Address

7971 S.W. 40TH STREET  
 SUITE 15  
 MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address  
**8025 S.W. 99th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Miami, Fla.**

4. FEI Number

**65-0949657**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33156**

Country

**Fla**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAN, XIAOLIN**  
**8025 S.W. 99TH STREET**  
**MIAMI FL 33156**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min: will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	HONG, ZHONG	
STREET ADDRESS	7971 S.W. 40TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	TAN, XIAOLIN	
STREET ADDRESS	8025 S.W. 99TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **8/28/00** **305-665-5056**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)