

2001 UNIFORM BUSINESS REPORT (UBR)

0012066 AF

DOCUMENT # A00000000249

1. Entity Name
Z & Z HOLDING, LTD.

FILED

rf

Principal Place of Business
2061 COVE BLVD.
PANAMA CITY FL 32405

Mailing Address
2061 COVE BLVD.
PANAMA CITY FL 32405

01 FEB 21 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3625671

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZHAO, XUWEI
2061 COVE BLVD.
PANAMA CITY FL 32405

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date. 10,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	ZHANG, MINGLIANG	CITY-ST-ZIP	
STREET ADDRESS	49 MILLERS GROVE ROAD		
CITY-ST-ZIP	BELLE MEAD NJ 08502		
DOCUMENT #		STREET ADDRESS	
NAME	ZHAO, XUWEI	CITY-ST-ZIP	
STREET ADDRESS	2061 COVE BLVD.		
CITY-ST-ZIP	PANAMA CITY FL 32405		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

2-16-01 **850 784-8088**

Date **Daytime Phone #**

CR2E003 (11/00)