

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0616744 AT

DOCUMENT # F01000002086

1. Entity Name
DONGYU INVESTMENT CONSULTING, INC.

01-31-2002 90059 038 ***150.00

Principal Place of Business
5674 STONERIDGE DRIVE, SUITE 105
PLEASANTON CA 94588

Mailing Address
5674 STONERIDGE DRIVE, SUITE 105
PLEASANTON CA 94588



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6280 W. Las Positas BL.
Suite, Apt. #, etc. 201

3. Mailing Address
6280 W. Las Positas BL.
Suite, Apt. #, etc. 201

City & State
PLEASANTON CA

City & State
PLEASANTON CA

4. FEI Number
94-3291729

Applied For
☒ **Not Applicable**

Zip
94588

Country
U.S.A

Zip
94588

Country
U.S.A

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

6. Name and Address of Current Registered Agent

CHIANG, YING CHI
121 BROADWAY AVE.
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name **Xiaodong Huang**
Street Address (P.O. Box Number is Not Acceptable) **4645 Soetum Loop**
City **Lake Land** **FL** **Zip Code** **33809**

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]*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **01-14-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	XU, JIN	
STREET ADDRESS	5674 STONERIDGE DRIVE, SUITE 105	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHEN, XIOZHENG	
STREET ADDRESS	1450 RIDGEWOOD ROAD	
CITY-ST-ZIP	PLEASANTON CA 94566	
TITLE	S	<input type="checkbox"/> Delete
NAME	SONG, QIOZHENG	
STREET ADDRESS	5138 LIVOAK COURT	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOU, SHIHUA	
STREET ADDRESS	2170 ARROYO COURT	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ZHUANG, YUYANG	
STREET ADDRESS	1400 RIDGEWOOD ROAD	
CITY-ST-ZIP	PLEASANTON CA 94566	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAN, JINZHOU	
STREET ADDRESS	5674 STONERIDGE DRIVE, SUITE 105	
CITY-ST-ZIP	PLEASANTON CA 94588	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XU, Jin	
STREET ADDRESS	6280 W. Las Positas BL. Suite 201	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Song, Qi	
STREET ADDRESS	5138 Liveoak CT.	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guo, Yunnan	
STREET ADDRESS	6280 W. Las Positas. BL. Suite 201	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zhuang, YuYang	
STREET ADDRESS	5138 Liveoak CT.	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yan, Jinzhou	
STREET ADDRESS	6280 W. Las. Positas. BL. Suite 201	
CITY-ST-ZIP	PLEASANTON CA 94588	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2002

Date

Daytime Phone #

CR2E034 (9/01)