2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State DOCUMENT # J34438 1. Entity Name 05-20-2002 90032 014 ***150.00 CHINA JADE, INC. Mailing Address Principal Place of Business 7308 INTERNATIONAL DR. 12926 W. COLONIAL WINTER GARDEN FL 37487 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2733254 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUE NGUYEN PHAN Street Address (P.O. Box Number is Not Acceptable) 7308 INTERNATIONAL DRIVE ORLANDO FL 32819 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ŊΡ Delete TITLE TITLE HUE NGUYEN PHAN NAME NAME STREET ADDRESS STREET ADDRESS 9097 HARBOR ISLE CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Addition ☐ Change VΡ □ Delete TITLE NAME NAME PHAN, KHAI HUE STREET ADDRESS STREET ADDRESS 9097 HARBOR ISLE CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

in Block 11 or Block 12 if

PHAN

changed, or on an attachmer

SIGNATURE:

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 in the composition of the corporation of the corporation