2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: *

FILED **DOCUMENT # J67896** Jul 26, 2000 8:00 am 1. Entity Name CHENG ENTERPRISES, INCORPORATION **Secretary of State** 07-26-2000 90044 012 ***550.00 Mailing Address Principal Place of Business 3801 34TH ST. S. 3801 34TH ST. S. ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2828290 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZHOU, SHAO BIN: Street Address (P.O. Box Number is Not Acceptable) 3525 -40 ST. S. ST. PETERSBURG FL 33711 3801 34TH ST., S PETERSBURG 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May.Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT CHEN HAVES. PD TITLE ☐ Addition TITLE ☐ Delete NAME NAME ZHOU, SHAO BIN 2801 34TH ST., S. STREET ADDRESS STREET ADDRESS 3525 -40 ST S. CITY-ST-7IP CITY-ST-ZIP ST. PETERSZURG, FL 33711 ST. PETERSBURG FI TREPSURY SHIKE COLG TYCHANGE Addition ☐ Delete TITLE TITLE NAME NAME 2801 34TH ST. S. STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33711 CITY-ST-ZIP CITY-ST-ZIP SECRETARY Chen-Fa-Shou Change ☐ Addition ☐ Delete TITLE TITLE NAME -NAME 3801 34TH ST., S. STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 3371/ CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete 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 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.

7/24/00 867-0327