## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000004993

Jul 29, 2002 8:00 am Secretary of State BAOTAN INVESTMENT GROUP, LLC 07-29-2002 90002 046 \*\*\*\*50.00 Principal Place of Business Mailing Address 8755 NW 35TH LANE 8755 NW 35TH LANE 971453 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-112393 Zip Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YU. PETER 8755 NW 35TH LANE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33172 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES GENERAL MANAGER TITLE ☐ Delete TITLE Change JIN YEN YU Addition NAME STREET ADDRESS 8755 N.W. 35th Lane STREET ADDRESS CITY-ST-ZIP Miami, FL 33112 CITY-ST-ZIP TITLE ☐ Delete TITLE ← Change NAME ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGE

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

-18-02 (305)471-33Pf

**FILED** 

Change |

☐ Addition