

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90587 006 ****50.00

DOCUMENT # L01000016015

1. Entity Name

TU'S INTERNATIONAL, LLC

Principal Place of Business

**2114 HILLCREST STREET, SUITE A
 ORLANDO FL 32803**

Mailing Address

**2114 HILLCREST STREET, SUITE A
 ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

1211 E. Landstreet Road
 Suite, Apt. #, etc.

1211 E. Landstreet Road
 Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32824

Country

Zip

32824

Country

4. FEI Number

59-3472821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YONG CHAO TU
2114 HILLCREST STREET, SUITE A
ORLANDO FL 32803

Yong Chao Tu
1211 E. Landstreet Road
Orlando, FL 32824

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM YONG CHAO TU 2114 HILLCREST STREET, SUITE A ORLANDO FL 32803	<input type="checkbox"/>		<input type="checkbox"/>
Xiao Hong Ni/Vice President 1211 E. Landstreet Road Orlando, FL 32824	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/02 407-856-5848

Date

Daytime Phone #

CR2E083 (9/01)