

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90001 045 \*\*\*150.00

DOCUMENT # L11321

1. Entity Name

DRAGON PHARMACEUTICAL, INC.

Principal Place of Business

Mailing Address

1200-543 GRANVILLE ST.  
VANCOUVER B.C. V6C1X-8  
CA

1200-543 GRANVILLE ST.  
VANCOUVER B.C. V6C1X  
CA

911756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0142474

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD *Liu*  
NAME *LEI, LONGBIN*  
STREET ADDRESS 19 BUTTERFIELD DR  
CITY-ST-ZIP WESTBORO MA 01581 *CHANGE*

TITLE DIRECTOR  
NAME YIU KWONG SUN  
STREET ADDRESS SUITE 1109, OPPILL TOWER, CONVENTION  
CITY-ST-ZIP PLAZA, 1 HARBOUR ROAD, HONG KONG ☐ Change ☒ Addition

TITLE SD  
NAME MASKERINE, SHAUN  
STREET ADDRESS 1200-543 GRANVILLE ST.  
CITY-ST-ZIP VANCOUVER BC V6C- 1X8 ☒ Delete

TITLE DIRECTOR  
NAME PHILIP YUEN  
STREET ADDRESS 11 FLOOR, WING LUNG BANK BUILDING  
CITY-ST-ZIP 45 DES VOEUX RD. CENTRAL HONG KONG ☐ Change ☒ Addition

TITLE D  
NAME CAI, KEN  
STREET ADDRESS 1200-543 GRANVILLE ST.  
CITY-ST-ZIP VANCOUVER B.C. V6C- 1X8 ☐ Delete

TITLE DIRECTOR  
NAME ALEXANDER WICK  
STREET ADDRESS 10, BD DES PLANTS, F-78860  
CITY-ST-ZIP ST-NOM-LA BRETECHIE FRANCE ☐ Change ☒ Addition

TITLE D  
NAME HALL, GREG  
STREET ADDRESS 4849 MEADFIELD RD  
CITY-ST-ZIP WEST VANCOUVER BC V7W- 3G6 ☐ Delete

TITLE *LONGBIN LIU* ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 19 BUTTERFIELD DRIVE  
CITY-ST-ZIP WESTBORO, MA 01581

TITLE D  
NAME CHENG, JACKSON  
STREET ADDRESS 11 FLOOR, UNIT 1112, 63 MODY RD  
CITY-ST-ZIP KOWLOON HONG KONG ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GOTO, JUNICHI  
STREET ADDRESS 20 FLOOR, 3 GARDEN ROAD  
CITY-ST-ZIP CENTRAL HONG KONG ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *KEN CAI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 JAN 2000 6046698817

Date

Daytime Phone #

CR2E034 (9/99)