

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90001 008 \*\*\*150.00

**DOCUMENT # L11321**

1. Entity Name

**DRAGON PHARMACEUTICAL, INC.**

Principal Place of Business

Mailing Address

1200-543 GRANVILLE ST.  
 VANCOUVER BC V6C1X-8  
 CA

1200-543 GRANVILLE ST.  
 VANCOUVER BC V6C1X-8  
 CA

80039094



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1900, 1055 WEST HASTINGS

SUITE 1900, 1055 WEST HASTINGS

City & State

City & State

VANCOUVER, B.C.

VANCOUVER, B.C.

Zip

Country

V6E 2E9 CANADA

V6E 2E9 CANADA

4. FEI Number

65-0142474

Applied For

Not Applicable

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**LIU, LONGBIN**  
**# 1200 543 GRANVILLE ST**  
**VANCOUVER BC VG-C1X8**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**# 1900, 1055 WEST HASTINGS ST.**  
**VANCOUVER, B.C. V6E 2E9**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**SUN, YIU K**  
**STE 1109 OFFICE TWR CON PL 1 HAR. RD**  
**HONG KONG**

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**# 1900, 1055 WEST HASTINGS ST.**  
**VANCOUVER, B.C. V6E 2E9**

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CS**  
**PHILLIP, YVEN**  
**11/6 456 DES VOUEUR RD CENTRAL**  
**HONG KONG TO**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**WICK, ALEXANDER**  
**10 BD DES PLANTS, F-78860**  
**ST NOM LA BRETECHE, FRANCE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT

FEB 7 2002

(604) 689-8817

CR2E034 (9/01)