## 2001 UNIFORM BUSINESS REPORT (UBR)

## **Secretary of State DOCUMENT #** L88532 1. Entity Name 06-08-2001 90160 038 \*\*\*150.00 BJ International Trading Corporation Principal Place of Business Mailing Address 5705 Hansel Ave. 5705 Hansel Ave. Orlando, FL 32809 Orlando, FL 32809 554163 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. FEI Number Applied For 59-3025359 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required | 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 111 Xiao Bing Xu, Esq. Street Address (P.O. Box Number is Not Acceptable) 5705 Hansel Avenue Orlando, FL 32809 City Zip Code 8. The above named entity submits this state of Florida. SIGNATURE Signature, typed or pri (NOTE: Re gistered Agent signature required when reinstating) FILE NOW!!! FEE 19 \$150:00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution." Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE NAME Xu, Xiao Yu STREET ADDRESS STREET ADDRESS 5705 Hansel Avenue CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32809 ■ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Deleta TITLE 7III E Zhang, Jana N. NAME 5705 Hansel Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32809 ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delate TITLE ☐ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

FILED Jun 08, 2001 8:00 am

Daytime Phone #