

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000003794

1. Entity Name

DALIAN XINYUAN SEAFOODS USA, LLC

APPROVED
AND
FILED

00 APR 17 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10839 HAMPTON ROAD
JACKSONVILLE FL 32257

Mailing Address

10839 HAMPTON ROAD
JACKSONVILLE FL 32257-6907

2. Principal Place of Business

8657 ETHANS GLEN TER
Suite, Apt. #, etc.

3. Mailing Address

8657 ETHANS GLEN TER
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3585894

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MNM

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

CJ ZHAO

Street Address (P.O. Box Number is Not Acceptable)

8657 ETHANS GLEN TERRACE

City

JACKSONVILLE

FL

Zip Code

32256

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

4-15-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

600003239716--2

05/04/00--01076--004

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME ZHAO, C J
STREET ADDRESS 10839 HAMPTON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE MGR
NAME YUAN, JINZHU J
STREET ADDRESS 10839 HAMPTON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE MGR
NAME LANG, LINDA
STREET ADDRESS 10839 HAMPTON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-15-00 904-463-2253

0000375 AF

CR2E083 (9/99) (33)