# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**    M00000001620

1. Entity Name

**APPLIED ENVIRONMENTAL ENGINEERING, LLC**

FILED ᵂᴸ 3/29

01 MAR 26 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 10453 MALONE CT<br>FAIRFAX VA 22032 | 10453 MALONE CT<br>FAIRFAX VA 22032 |

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   54-1863578    ☐ Applied For / ☐ Not Applicable |
| Zip / Country | Zip / Country | **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 |
|---|---|
| JZ, ZHENGANG<br>13120 MEADOW BREAZE DR<br>WEST PALM BEACH FL 33414 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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**

| 9. MANAGING MEMBERS / MEMBERS | 10. ADDITIONS / CHANGES |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — *Yan Xue, president* ☐ Delete<br>*10453 Malone ct*<br>*Fairfax, VA 22032* | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP    ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete | 800003932158 ☒ Change ☐ Addition<br>-03/30/01--01095--006<br>*****55.00   *****55.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition |
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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~~ YAN XUE_   3/19/01   703-598-6112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #