## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NOOOC	00002172			TOTAL STATE STATE		
U.S. SHANDONG FELLOWSHIP	F					
Original Disease ( Designation	NACTION AND ADDRESS		<b>—</b> 02 .	JAN -9 AM 9:	18	
Principal Place of Business 14087 S.W. 48 LANE	Mailing Address  14087 S.W. 48 LANE		7n.8 **	RETARKLUF ST	ATE	
MIAMI FL 33175	MIAMI FL 33175		TAEL	MEJABY OF ST AHASSEE, FLO	ORIDA	
2. Principal Place of Business	3. Mailing Address					
14087 5.W. 48 lane	14087 S.W	. 48 Lane				Low
Suite, Apt. #, etc.	Suite, Apt. \(\psi\), etc.		Heins i A	PEWENT	SPACE (	100
City & State  Miami  FL,	City & State .	FL.	4. FEI Number 59128	7886.		<del>plied f</del> or t Applicable
Zip 33175 Country 5	Zip 3317C	Country	5. Certificate of Sta		\$8.75 Add	
6. Name and Address of Cur	rent Registered Agent	0.0.	7. Name and Addr	ess of New Registered		
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YU, ABE 14087 S.W. 48 LANE MIAMI FL 33175		Street Address (P.O. Box Number is Not Acceptable)				
		0000047948302				
WILMWII FE 33173		City		****240.6	Zio Code	<del>/11</del> 6.25
3. The above named entity submits this statement	ent for the purpose of changing its re	gistered dirice or regis	acrea agent, or both, in t	no state of rionad.		
8. The above named entity submits this statement	ent for the purpose of changing its re	gistered onice or regis	nered agent, or boot, with	,		
signature Alle 15	Ŵ			1/6/02.		
2 / 10 11	Ŵ	gistered Office of regis legistered Agent signature requ		,		
SIGNATURE All Y	agent and title if applicable. (NOTE: F	Registered Agent signature requirence of the second	ired when reinstating)	0/6/02 DATE		
SIGNATURE Signature, typed or printed name of registed	agent and title if applicable. (NOTE: F	Registered Agent signature requirence of the second	ired when reinstating)	1/6/02 DATE		
SIGNATURE  Signature, typed or printed name of registed of FILE NOW:  FEE IS \$61.25	agent and title if applicable. (NOTE: F  9. Election Campaign F  Trust Fund Contributi  D DIRECTORS	Registered Agent signature requirence of the second	ired when reinstating)  .00 May Be ded to Fees	0/6/02 DATE	nt of State	10
SIGNATURE  Signature, typed or printed name of registed of FILE NOW:  FEE IS \$61.25	agent and title if applicable. (NOTE: F  9. Election Campaign F  Trust Fund Contributi  D DIRECTORS	Registered Agent signature requirements in ancing \$5 ion. Add	ired when reinstating)  .00 May Be ded to Fees	Make Check Departmen	nt of State	10
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2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SACHUETWANE REQUIRED