

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000007647

1. Entity Name
INSTITUTE OF US CHINA CULTURE EXCHANGE, INC.



Principal Place of Business
4723 PLANTERS RIDGE DR
TALLAHASSEE, FL 32311

Mailing Address
4723 PLANTERS RIDGE DR
TALLAHASSEE, FL 32311

FILED

04 APR 22 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03312004 No Chg-NP CR2E037 (10/03) 04

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4. FEI Number
74-3071013

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LU, QINGLI
4723 PLANTERS RIDGE DR
TALLAHASSEE, FL 32311

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
TAN, PETER
4723 PLANTERS RIDGE DR
TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LU, QINGLI
4723 PLANTERS RIDGE DR
TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
TAN, ZHE
4723 PLANTERS RIDGE DR
TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200035724822
05/06/04--01073--017 **\$61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER TAN

04/13/2004

Date

(850) 487-9082

Daytime Phone #