

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90107 015 \*\*\*\*61.25

**DOCUMENT # N95000002550**

1. Entity Name

**CONTEMPORARY CHINESES SCHOOL OF SOUTH FLORIDA, I**

Principal Place of Business

23165 OLD INLE BRIDGE DR.  
 BOCA RATON FL 33433

Mailing Address

11003 N.W. 18TH PLACE  
 PLANTATION FL 33322

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0587591**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HE, MATTHEW**  
**11003 N.W. 18TH PLACE**  
**PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

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

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 site if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MINGZHOU, DING</b>	
STREET ADDRESS	<b>1301 N.W. 14TH STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HU, QING</b>	
STREET ADDRESS	<b>23165 OLD INLE BRIDGE DR.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LI, CHARLIE</b>	
STREET ADDRESS	<b>10889 TAMORON LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33498</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WANG, LISA</b>	
STREET ADDRESS	<b>2 DATRAN CENTER, 9130 S. DADELAND BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HIATONG, DENG</b>	
STREET ADDRESS	<b>6113 S.W. 127TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WU, JIE</b>	
STREET ADDRESS	<b>6533 SWEET MAPLE LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>He, Matthew</b>	
STREET ADDRESS	<b>11003 N.W. 18th place</b>	
CITY-ST-ZIP	<b>Plantation, FL 33322</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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:

*Matthew He*

*Matthew He Director*

*2/26/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*(954) 262-8310*

CR2E037 (10/00)