

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003232

1. Entity Name

CAL INTERNATIONAL, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90091 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

13120 MEADOWBREEZE DR.  
WEST PALM BEACH FL 33414  
US

13120 MEADOWBREEZE DR.  
WEST PALM BEACH FL 33414-2013  
US

2. Principal Place of Business

~~PE~~ SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0843749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WU, YEGANG DR.  
13120 MEADOWBREEZE DR.  
WEST PALM BEACH FL 33414

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 title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HU, ZHILIANG	
STREET ADDRESS	814 GASKILL DRIVE	
CITY-ST-ZIP	AMES IA 50011	
TITLE	PED	<input type="checkbox"/> Delete
NAME	CHENG, RICHARD	
STREET ADDRESS	3 SUMMER STREET	
CITY-ST-ZIP	WINCHESTER MA 01890	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LIANG, LIQUN	
STREET ADDRESS	5860 BREWSTER DRIVE	
CITY-ST-ZIP	HUDSON OH 44236	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DENG, DONG-PING	
STREET ADDRESS	20900 HOMESTEAD ROAD, APT E-7	
CITY-ST-ZIP	CUPERTINO CA 95014	
TITLE	MCD	<input type="checkbox"/> Delete
NAME	WU, YEGANG	
STREET ADDRESS	13120 MEADOWBREEZE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HU, ZHILIANG	
STREET ADDRESS	190 GORHAM AVE.	
CITY-ST-ZIP	HAMDEN, CT 06514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIANG, LIQUN	
STREET ADDRESS	5860 BREWSTER DRIVE	
CITY-ST-ZIP	HUDSON, OH 44236	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENG, DONG-PING	
STREET ADDRESS	1285 MONTECITO AVE, #44	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/1/2000

Date

Daytime Phone #