

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000004488****1. Entity Name**
RESOURCES, ENVIRONMENT AND CHINA, INC.

Principal Place of Business	Mailing Address
1907 OAK BERRY CIR	1907 OAK BERRY CIR
WEST PALM BEACH FL 33414	WEST PALM BEACH FL 33414

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
65-0858447Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**GUAN WEIHE
1907 OAK BERRY CIRWEST 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** **04/26/2001**
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** ☐ **\$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	D <input type="checkbox"/> Delete
NAME	CHANG FRANK
STREET ADDRESS	P.O. BOX 613
CITY-ST-ZIP	GREENBELT MD 20768
TITLE	D <input type="checkbox"/> Delete
NAME	TU HAMMING
STREET ADDRESS	201 BURK AVE
CITY-ST-ZIP	RIDLEY PARK PA 19078
TITLE	D <input type="checkbox"/> Delete
NAME	WU YEGANG
STREET ADDRESS	13120 MEADOWBREEZE DR
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	M <input type="checkbox"/> Delete
NAME	GUAN WEIHE
STREET ADDRESS	1907 OAK BARRY CIRCL
CITY-ST-ZIP	WEST PALM BEACH FL 33414
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG FRANK
STREET ADDRESS	2842 WINDSWEEP DR. #203
CITY-ST-ZIP	LANTANA FL 33462
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUAN WEIHE
STREET ADDRESS	1907 OAK BARRY CIRCL
CITY-ST-ZIP	WEST PALM BEACH FL 33414
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)(f), 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:** Weihe Guan **D** **04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)