2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am DOCUMENT # P0000011665 **Secretary of State** 1. Entity Name INTERNATIONAL CHINA IMPORT & EXPORT CORPORATION 02-03-2001 90282 020 ***150.00 Principal Place of Business Mailing Address 8181 NW 36 ST. SUITE #27 8181 NW 36 ST. SUITE #27 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65.1018-27 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHIU MUI, WAI Street Address (P 780 E. 39 ST. HIALEAH FL 33013 City 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition Change TITLE TITLE ☐ Delete Wai chin, Mui CHIU MUI, WAI NAME NAME 780 **E** 39 St Hielen Fe STREET ADDRESS 780 E. 39 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 Change STD Addition Delete TITLE TITLE FUNG TANG, SIU SILL FUNG, TANG NAME NAME 10347 NW. 57 TERR. STREET ADDRESS STREET ADDRESS 10347 NW 56 Ter CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE Ę NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

130/01

.305, 499-9555

Daytime Phone #

FILED