

200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000031391*

1. Entity Name

ZIWEI Group Corp.

APPROVED
AND
FILED

02 MAY -7 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

*7538 Sand Lake Rd.
Orlando, FL 32819*

Mailing Address

*7538 Sand Lake Rd.
Orlando, FL 32819*

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

59-3647120

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

*ZHANG, HAO
3713 Vineland Rd.
Orlando, FL 32811*

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Date

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	<i>D</i>	<i>ZHANG, HAO</i>	<i>3713 Vineland Rd. Orlando, FL 32811</i>	☐
	<i>M</i>	<i>LIN, WANXING</i>	<i>4940 Eaglemere Dr. #514 Orlando, FL 32819</i>	☐
				☐
				☐
				☐
				☐
				☐

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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-06/04/02--01061--002
*****150.00 *****150.00

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 this 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

Date

Daytime Mailing

CR20034 (1/1/00)