## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## May 17, 2001 8:00 am Secretary of State DCCUMENT # P00000033798 1. Entity Name RICHLAND GLOBAL CORPORATIONSO. 05-17-2001 91327 030 \*\*\*150.00 Principal Place of Business Mailing Address C0067321 2. Principal Place of Business 3. Mailing Address 4153 Saltwater Blvd 4153 Saltwater Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3650797 City & State Applied For City & State Tampa, FL 👀 Tampa, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33615 Hillsborough33615 Fee Required Hillsborough 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Zeqing Li Street Address (P.O. Box Number is Not Acceptable) 4153 Saltwater Blvd City Tampa Zin Code 33615 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 ered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (11/00) 🖫 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Zeqing Li STREET ADDRESS STREET ADDRESS 4153 Saltwater Blvd 4153 Saltwater Blvd CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33615 Tampa, FL 33615 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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

FILED

Daytime Phone #