

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-08-2001 90008 007 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041241

1. Entity Name

JIANG HUA (U.S.) INC.

Principal Place of Business
5705 HANSEL AVE
ORLANDO FL 32809

Mailing Address
5705 HANSEL AVE
ORLANDO FL 32809

2. Principal Place of Business

3245 HOGAN DR

3. Mailing Address

same

City & State

Kissimmee FL

City & State

same

Zip

34746

Country

USA

Zip

same

Country

USA

4. FEI Number

59-3690090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BING XU, XIAO BING

5705 HANSEL AVE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

XIAO BING (XU)

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

City

State

Zip Code

8. The above named entity submits this declaration for the purpose of changing its registered office or registered agent, or both, in the State of Florida

FL

Zip Code

SIGNATURE

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

(NOT)

Registered Agent or (name required when resigning)

4/30/01

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

FILE NOW

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	NAME	YANG, JIAN	STREET ADDRESS	5705 HANSEL AVE	CITY-STATE-ZIP	ORLANDO FL 32809	☐ Delete
TITLE	D	NAME	YANG, SHUQUAN	STREET ADDRESS	5705 HANSEL AVE	CITY-STATE-ZIP	ORLANDO FL 32809	☐ Delete
TITLE	D	NAME	YANG, HUI	STREET ADDRESS	5705 HANSEL AVE	CITY-STATE-ZIP	ORLANDO FL 32809	☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 807, 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 empowers

SIGNATURE

Signature and typed on printed name of signing officer or director

4/30/01

Date

Signature Printed