

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90048 018 ***150.00

DOCUMENT # P00000046785

1. Entity Name
YONG DE SHENG, INC.

Principal Place of Business Mailing Address
4210 SW 152 AVENUE 4210 SW 152 AVENUE
MIAMI FL 33185 MIAMI FL 33185

2. Principal Place of Business 3. Mailing Address
15104 SW 72 street 15104 SW 72 Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL Miami, FL

Zip Country Zip Country
33193 U.S.A 33193 U.S.A

4. FEI Number **65-1026206** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIU, DE HUANG
4210 SW 152 AVENUE
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name **CHEN SHENG**
Street Address (P.O. Box Number is Not Acceptable)
15104 SW 72 st
City **Miami** FL Zip Code **33193**

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 **X Chen Sheng** (NOTE: Registered Agent signature required when reinstating) DATE **03/10/02**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIU, DE HUANG	
STREET ADDRESS	4210 SW 152 AVENUE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WANG, YONG J	
STREET ADDRESS	4210 SW 152 AVENUE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, SHENG	
STREET ADDRESS	4210 SW 152 AVENUE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15104 SW 72ND STREET	
CITY-ST-ZIP	MIAMI, FL 33193	
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		

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: **X SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03/10/02** Daytime Phone #

CR2E034 (9/01)