

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052014

1. Entity Name  
TUANHE, INC.

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90021 017 \*\*\*150.00

Principal Place of Business  
6190 WOODLANDS BLVD., #209  
TAMARAC FL 33319

Mailing Address  
6190 WOODLANDS BLVD., #209  
TAMARAC FL 33319

2. Principal Place of Business  
7148 Nob Hill Road,  
Suite, Apt. #, etc.  
#7

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Tamarac, FL

City & State

4. FEI Number  
65-1011420

Applied For  
Not Applicable

Zip  
33321

Country  
USA

Zip

Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

YE, XU MING  
6190 WOODLANDS BLVD., #209  
TAMARAC FL 33319

Name

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

City

FL

Zip Code

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME YE, XU MING  
STREET ADDRESS 6190 WOODLANDS BLVD., #209  
CITY-ST-ZIP TAMARAC FL 33319

TITLE  
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CITY-ST-ZIP

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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

XU MING YE 4/11/01 (954) 721-2488

Date

Daytime Phone #

CR2E034 (10/00)