

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90058 041 ***150.00

0070288

DOCUMENT # P00000055736

1. Entity Name
JIN HUA, INCORPORATED

Principal Place of Business Mailing Address
8618 WHITE ROSE DR. **8618 WHITE ROSE DR.**
ORLANDO FL 32818 **ORLANDO FL 32818**

2. Principal Place of Business *Rd* 3. Mailing Address *Rd*
12173 Apopka Vineland **12173 Apopka Vineland**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Orlando, FL** City & State **Orlando, FL** 4. FEI Number **59-3648218** Applied For
 Not Applicable
 Zip **32836** Country **U.S.A.** Zip **32836** Country **U.S.A.** 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
CHENG, FAT C Name **Ahmad m Garib**
8618 WHITE ROSE DR. Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32818 **12173 Apopka Vineland Rd**
 City **Orlando** **FL** Zip **32836**

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: *Ahmad m Garib* (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. **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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHENG, FAT C 8618 WHITE ROSE DR. ORLANDO FL 32818 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ahmad m Garib/PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12173 Apopka Vineland Rd Orlando, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JIN LI, DAN 8618 WHITE ROSE DR. ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ahmad m Garib* Date: **3/30/01** Daytime Phone #: **407-894-7259**

CR2E034 (10/00)