## 2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P0000057458  1. Entity Name WIN ECONOMY & TRADE COMPANY					FILED Jan 08, 2001 8:00 am Secretary of State 01-08-2001 90013 010 ***150.00			
Principal Place 220 W TENNES TALLAHASSEE		Mailing Address  220 W TENNESSEE ST TALLAHASSEE FL 32301						
*					A MATRICAL SUR ABOUT CAUSE	8 A I JULI A B I I JULI B I B I B I B I B I B I B I B I B I B	1 31781 JB21 (80)	
2. Principal I Same Suite, Apt		3. Mailing Address  Same AS  Suite, Apt. #, etc.	Above		DO NOT N	VRITE IN THIS SPACE		
City & Sta	te	City & State		4.		657539 L	Applied For	]
Zip	Country LEDA	Zip	Country Lea	5.	Certificate of Status Desire	\$9.75 A		
	6. Name and Address of Current	Registered Agent	Name-		Name and Address of Ne	w Registered Agent		┦ _
WAN 220	Street A	Wang Address (P.O. 20 W	Chenwei Box Number is Not Accept Tennessee St.	able)				
776	AHASSEE FL 32301		City	Talla ha	lsee	FL Zip Co	ode 32 <i>3</i> 0/	
8. The above	e named entity submits this statement for Chenwe Wang  Signature, typed or printed name of regressed agent,	vice preside	registered office o			f Florida. //5/01		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.		!! FEE IS \$150.	.00 550.00	10. Election Campaigr Trust Fund Contrib	Financing\$5	.00 May Be led to Fees	}
11.	OFFICERS AND	DIRECTORS	12.	A	DDITIONS/CHANGES TO (	DFFICERS AND DIRECTO	RS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WANG, CHENWEI 220 W TENNESSEE ST TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	P Lin, Yo 220 W. Tallaha	Tennessee st.	<b>⊠</b> Change	e Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS	V LIN, YOU 220 W TENNESSEE ST	☐ Delete	TITLE NAME STREET ADDRESS	V Wary,	chenwei L. Tennessee .st	<b>⊠</b> Change	e 🔲 Addition	CR2E
CITY-ST-ZIP  TITLE  NAME	TALLAHASSEE FL 32301 A LIN, KAI	<b>⊠</b> Delete	CITY-ST-ZIP TITLE NAME	Tallaha	acree FL 32301	Change	e	
- STREET ADDRESS- CITY-ST-ZIP	220 W TENNESSEE ST TALLAHASSEE FL 32301		Street Adoress / City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition (	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the cor- changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	rue and accurate and that my wered to execute this report a	y signature shall h s required by Cha	SUA tha cama	local offect on if made und	ar aasla, slaas I aaa aa astia,		
SIGNAT		INTED NAME OF SIGNING OFFICER OF	esident R DIRECTOR		1/J  0	819) 222-0 Daytime Phone #	<u>'816</u>	ı