

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90364 018 ***150.00

DOCUMENT # P00000063773

1. Entity Name
MUTGENE INC.

Principal Place of Business
20630 HIGHLAND LAKES BLVD
NORTH MIAMI BEACH FL 33179

Mailing Address
20630 HIGHLAND LAKES BLVD
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1078190

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**

LIN, LIN
20630 HIGHLAND LAKES BLVD
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

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**

TITLE	D President & CEO	<input type="checkbox"/> Delete
NAME	MENG, LOU	
STREET ADDRESS	20630 HIGHLAND LAKES BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	D accounting	<input type="checkbox"/> Delete
NAME	LIN, LIN	
STREET ADDRESS	20630 HIGHLAND LAKES BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	Gao, Peng Vice President	<input type="checkbox"/> Delete
NAME	20533 Biscayne Boulevard	
STREET ADDRESS	Suite 4-1114	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	chen, Baiyan, secretary	<input type="checkbox"/> Delete
NAME	20533 Biscayne Blvd	
STREET ADDRESS	Suite 4-1114	
CITY-ST-ZIP	Aventura, FL 33180	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Lin Lin)**4-30-01**

Date

305-682-0803

Daytime Phone #

CR2E034 (10/00)