

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

02-25-2002 90039 002 ***150.00

DOCUMENT # P00000066706

1. Entity Name

HUA XIN GROUP, INC.

Principal Place of Business

3677 ORLANDO DR.
SANFORD FL 32773

Mailing Address

3677 ORLANDO DR.
SANFORD FL 32773

2. Principal Place of Business

43554 N Hwy 27

3. Mailing Address

Suite, Apt. #, etc.

City & State

Davenport FL

City & State

Zip

33837

Country

Country

4. FEI Number

59-3664754

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LIU, YI H
3677 ORLANDO DR.
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

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

43554 N Hwy 27

City

Davenport FL

Zip Code

33837

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, 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 type="checkbox"/> Delete
NAME	LIU, YI H HUA	
STREET ADDRESS	3677 ORLANDO DR.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME	Jessie Bi Fang	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVPRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVPRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jessie Bi Fang	
STREET ADDRESS	2769 SNOW GORSE LN	
CITY-ST-ZIP	Lake Mary FL 32746	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Xu Hua Liu	
STREET ADDRESS	5015 N. Hwy 27	
CITY-ST-ZIP	Davenport FL 33837	
TITLE	DVPRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zhen Xi Lin	
STREET ADDRESS	5015 N Hwy 27	
CITY-ST-ZIP	Davenport FL 33837	
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 REQUIRED

Liu Hua

2/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (9/01)

3/2/02