

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088237

1. Entity Name

VIVLA GROUP CORP.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90014 011 ***150.00

0075623

Principal Place of Business 1429 CENTRAL FLORIDA PARKWAY SUITE 12 ORLANDO FL 32837	Mailing Address 1429 CENTRAL FLORIDA PARKWAY SUITE 12 ORLANDO FL 32837
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2. Principal Place of Business 12548 Westhope Drive Suite, Apt. #, etc.	3. Mailing Address 12548 Westhope Drive Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 59-3672516	Applied For Not Applicable
Zip 32837	Country ORANGE	Zip 32837	Country ORANGE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name: JIE Shen Street Address (P.O. Box Number is Not Acceptable) 12548 Westhope Dr. City: Orlando FL Zip Code: 32837
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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)

3/31/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHEN, JIE 1429 CENTRAL FLORIDA PARKWAY SUITE 12 ORLANDO FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHEN, JIE 12548 Westhope Dr., Orlando, FL 32837 <input checked="" 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

Date

(407)850-3920

Daytime Phone #

CR2E034 (10/00)