

FILED

Apr 21, 2002 8:00 am
Secretary of State

03-05-2002 90009 018 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004384

1. Entity Name

PURE ARTS PRODUCTIONS USA, INCORPORATED

Principal Place of Business

14110 SERENA LAKE DR.
ORLANDO FL 32837

Mailing Address

14110 SERENA LAKE DR.
ORLANDO FL 32837

2. Principal Place of Business

800 Celebration Avenue.

Suite, Apt. #, etc.

#115

3. Mailing Address

Suite, Apt. #, etc.

City & State

Celebration, Florida

City & State

Zip

34747

Country

U.S.A.

Zip

Country

4. FEI Number

59-3689136

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIANG, BRIAN

14110 SERENA LAKE DR.

ORLANDO FL 32837

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

PAULINA L. ZHU (President)

3, 20, 2002

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZHU, PAULINA L	
STREET ADDRESS	14110 SERENA LAKE DR.	
CITY-ST-ZIP	ORLANDO FL 32837	

TITLE	S	<input type="checkbox"/> Delete
NAME	LEE, GUO Q	
STREET ADDRESS	14110 SERENA LAKE DR.	
CITY-ST-ZIP	ORLANDO FL 32837	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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		
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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 supplement 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 another like empowered.

SIGNATURE:

PAULINA L. ZHU (President)

Date

Daytime Phone #

CP2E034 (9/01)