←				
2002	UNIFORM	BUSINESS	REPORT	(UBR

DOCUMENT # P01000014441 1. Entity Name FLORIDA SINO-AMERICAN TRADING COMPANY, INC.				· ·	FILED							
Principal Place of Business 215 S. MONROE ST., #200 TALLAHASSEE FL 32302		Mailing Address 215 S. MONROE ST #200 TALLAHASSEE FL 32302			O2 APR 19 AM 9: 07 SECRETARY OF, STATE TALLAHASSEE, FLORIDA							
2. Principal Place of Business			3. Mailing Address				-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State			City & State		4	4. FEI I	Number		· · · · · · · · · · · · · · · · · · ·		oplied For ot Applicable	
Zip		Country	Zip	Coun	try		5. Cert	ificate of Sta	itus Desire	d □	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				Name	7	7. Nam	e and Add	ess of Ne	w Registere	ed Agent		
BELL, DOUGLAS S 215 S. MONROE ST., #200					Street Ac	idress (P.C	(P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32302				City					F	Zip Cod	e	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 I Make Check Payable to			FEE 2 Fee	will be \$5)0 50.00	1	0. Election	Campaign nd Contrib	-	\$5.0	0 May Be	
11.		OFFICERS AND D		12.	ıi.			IONS/CHAI	IGES TO C	OFFICERS A	ND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SONG R BLDG. NO. 71, 18TH F HINA 430070	□ Delete			,		900	-04/2	5 350 6/02 150.00	- گُرُخُ 010120 15***	15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUI, WAN 215 S. MOI	NROE ST., #200 SEE FL 32302	☐ Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jianguo, S 215 S. Moi		☐ Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADDRESS -ST-ZIP						☐ Change	Addition
 13. I hereby of indicated 	certify that the on this report	information supplied with the or supplemental report is to	nis filing does not qualify for true and accurate and that my	ne exer / signat	nption state ure shall ha	ed in Section ive the sam	on 119. ne lega	บ7(3)(i),*Flo l effect as if	rida Statute made und	es. I further e er oath; tha	certify that the in t I am an officer	or director

SIGNATURE: