

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91394 010 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01 0000 23518

1. Entity Name

N & L, INC



90110991

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1245 E FOWLER AVE

Suite, Apt. #, etc.

3. Mailing Address

4121 DILLON ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3719553

Applied For

Not Applicable

Zip

Country

33612

Zip

Country

32254

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	ZHOU MIN NI
STREET ADDRESS	4121 DILLON ST
CITY - ST - ZIP	JACKSONVILLE, FL 32254
TITLE	V. PRESIDENT, WEN CHEN
NAME	
STREET ADDRESS	1245 E FOWLER AVE
CITY - ST - ZIP	TAMPA, FL 33612
TITLE	SEC. WAH LAM
NAME	
STREET ADDRESS	1245 E FOWLER AVE
CITY - ST - ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

Daytime Phone #

CR2E034B (12/02)