

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90149 048 ***150.00

DOCUMENT # P01000024901

1. Entity Name
VOYAGE TRADE IMPORT & EXPORT, INC.



Principal Place of Business
879 CRYSTAL LAKE DR
DEERFIELD BEACH FL 33064

Mailing Address
879 CRYSTAL LAKE DR
DEERFIELD BEACH FL 33064

2. Principal Place of Business
15499 FIORENZA CIRCLE

3. Mailing Address
15499 FIORENZA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BEACH

City & State
DELRAY BEACH

Zip Country
33446 PALM BEACH

Zip Country
33446 PALM BEACH

4. FEI Number 65-1099389

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

YE, LINZHI
879 CRYSTAL LAKE DR
DEERFIELD BEACH FL 33064

7. Name and Address of New Registered Agent

Name
YE, LINZHI
Street Address (P.O. Box Number is Not Acceptable)
15499 FIORENZA CIRCLE
City DELRAY BEACH FL Zip Code 33446

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] LINZHI YE 2/14/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME YE, LINZHI ☒ Delete
STREET ADDRESS 879 CRYSTAL LAKE DR
CITY-ST-ZIP DEERFIELD BEACH FL 33064

TITLE PD
NAME YE, LINZHI ☒ Change ☐ Addition
STREET ADDRESS 15499 FIORENZA CIRCLE
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRE 2/14/2003 (561) 638-5464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)