2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED				
1. Entity Nar	UMENT me UFFET, INC	1010	00030177	030177			Feb 26, 2002 8:00 am Secretary of State 02-26-2002 90061 016 ***150.00				
Principal Pla 5086 NORMA JACKSONVILI		\$	Mailing Address 5086 NORMANDY BLVD. JACKSONVILLE FL 32205							11) 88)) 1 11 (11 · .	
2. Principal	Place of Busin	ess	3. Mailing Address	3. Mailing Address							
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ite		City & State	City & State			4. FEI Number Applied For Not Applicable				
Zip	Zip Country		Zip	Country	,	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Curren	t Registered Agent	Nan	ne	7. N	lame and Add	ress of New R	legistered Agent		
CHEN, ZHAO D 5086 NORMANDY BLVD.			Street Ac		et Address (ss (P.O. Box Number is Not Acceptable)					
			for the purpose of changing its	City			ب السال عالله السال	je na djipa bez	FL Zip C	ode	
SIGNATURE Signature, lyped or printed name of registered agent and print applicable. Signature, lyped or printed name of registered agent and print applicable. (NOTE: Registered Agent sign (NOTE: Registered Agent sig					50.00 \$550.00		instating) 10. Election	esident Campaign Fin	ν _ Ψυ	الاف. 200 May Be led to Fees	
11,	PD	OFFICERS AND	D DIRECTORS Delete	12.		ADI	DITIONS/CHA	NGES TO OFF	ICERS AND DIRECTO		
NAME STREET ADORESS CITY-ST-ZIP	CHEN, ZH/ 5086 NORI	ao d Mandy Blvd. Ville fl 32205	Li Delete	NAME STREET ADDRE CITY-ST-ZIP	ess .				∐ Chang ,	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess			14.	☐ Chang	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss		•	· .	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	7.	_		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	6S		,		☐ Change	☐ Addition	
of the corp	poration or the	receiver or trustee empr	this filing does not qualify for true and accurate and that m twered to execute this report with all other like empowered.	the exemption s ny signature sha as required by C	stated in Sec Il have the sa Chapter 607,	ame le Florida	19.07(3)(i), Flor gal effect as if a Statutes; and	da Statutes. I made under oa that my name	further certify that the ath; that I am an office appears in Block 11	information or director or Block 12 if	

SIGNATURE: