

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

0018885 AV

**DOCUMENT # P01000034827**

1. Entity Name

**DOUBLE L ENTERPRISES, INC.**

03-06-2002 90053 043 \*\*\*150.00

Principal Place of Business

**1482 W GRANADA BLVD #615  
 ORMOND BCH FL 32174**

Mailing Address

**1482 W GRANADA BLVD #615  
 ORMOND BCH FL 32174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1656 NE Miami Gardens Drive**

Suite, Apt. #, etc.

3. Mailing Address

**1656 NE**

Suite, Apt. #, etc.

**Miami Gardens Drive**

City & State

**N. Miami Beach, FL**

City & State

**N. Miami Beach, FL**

Zip

**33179**

Country

Zip

**33179**

Country

4. FEI Number

**59-370778**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LI, SHU QUAN**

**1482 W GRANADA BLVD #615  
 ORMOND BCH FL 32174**

7. Name and Address of New Registered Agent

Name

**Li, Shu Quan**

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

**1656 NE Miami Gardens Drive**

City

**N. Miami Beach,**

FL

Zip Code

**33179**

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 **Shu Quan - Li**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/21/02**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
 NAME **LI, SHU QUAN**  
 STREET ADDRESS **1482 W GRANADA BLVD #615**  
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE **DV** ☐ Delete  
 NAME **LIN, RUI SIN**  
 STREET ADDRESS **1482 W GRANADA BLVD #615**  
 CITY-ST-ZIP **ORMOND BCH FL 32174**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
 NAME **Li, Shu Quan**  
 STREET ADDRESS **1656 NE Miami Gardens Drive**  
 CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **DV** ☒ Change ☐ Addition  
 NAME **Lin, Rui Sin**  
 STREET ADDRESS **1656 NE Miami Gardens Drive**  
 CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **DV** ☐ Change ☐ Addition  
 NAME **Lin, Yi**  
 STREET ADDRESS **1656 NE Miami Gardens Drive**  
 CITY-ST-ZIP **N. Miami Beach, FL 33179**

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

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

TITLE ☐ Change ☐ 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Shu Quan - Li**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/21/02 (305) 919-7705**

CR2E034 (9/01)