

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90112 001 ***150.00

DOCUMENT # P01000037465

1. Entity Name
REGENT PHARMACEUTICALS GROUP, INC.

Principal Place of Business
8911 REGENTS PARK DR #540
TAMPA FL 33647

Mailing Address
8911 REGENTS PARK DR #540
TAMPA FL 33647



2. Principal Place of Business **3. Mailing Address**
2102 Camp Indian Head Rd **2102 Camp Indian Head Rd**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State **Land O Lakes FL** **City & State** **Land O Lakes, FL** **4. FEI Number** **59-3720841** **Applied For**
Zip **34639** **Country** **USA** **Zip** **34639** **Country** **USA** **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
JIANG, CHUNYANG **Name**
1237 KEY WESDT CT **Street Address (P.O. Box Number is Not Acceptable)**
WESLEY CHAPEL FL 33543 **City** **FL** **Zip Code**

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 *Chunyang Jiang* **CHUNYANG JIANG** **1/20/02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIANG, CHUNYANG		NAME	JIANG, CHUNYANG	
STREET ADDRESS	8911 REGENTS PARK DR #540		STREET ADDRESS	1237 KEY WEST CT	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAU, LORETTA		NAME		
STREET ADDRESS	8911 REGENTS PARK DR #540		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Chunyang Jiang* **CHUNYANG JIANG** **1/20/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)