

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

006796  
AV

03-10-2003 90162 043 \*\*\*150.00

**DOCUMENT #** P01000045078

**1. Entity Name**  
JIANG'S GROUP, INC.



**Principal Place of Business**  
106 HANCOCK BRIDGE PKWY  
D-18  
CAPE CORAL FL 33990-1059  
US

**Mailing Address**  
5100 OLD HOWELL BRANCH RD  
WINTER PARK FL 32792



CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**

Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 69-1096178

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SIU, RACHEL  
5100 OLD HOWELL BRANCH RD  
WINTER PARK FL 32792

**7. Name and Address of New Registered Agent**

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

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | P                           | <input type="checkbox"/> Delete |
| NAME           | JIANG, JUN                  |                                 |
| STREET ADDRESS | 1902-D SHADES CLIFF TERRACE |                                 |
| CITY-ST-ZIP    | BIRMINGHAM AL 35216         |                                 |
| TITLE          | V                           | <input type="checkbox"/> Delete |
| NAME           | TANG, XUE MING              |                                 |
| STREET ADDRESS | 1867 SUNSET PLACE           |                                 |
| CITY-ST-ZIP    | FT. MYERS FL 33901          |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 3/27/03 Daytime Phone #

CR2E034 (10/02)