## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 02, 2002 8:00 am Secretary of State

DOCUMENT#	FPO	0000	047892
1. Entity Name		<i>C</i>	<b>7</b> \
LIA	NG	roop	, INC.
			. \

1. Entity Nai	LIANG FOOD	05-02-2002 90100	0 013 ***150.00		
	DO NOT WRITE	E IN THIS S	PACE		
2. Principal Place of Business 3100 COLLEGE ROAD 3. Mailing Address 3100 COLLEGE ROAD		GE RUAD	ROAD		
Suite, Apt. #, etc.  SPACE # VC - 3  SMACE # VC		2 - 3	DO NOT WRITE IN THIS SPACE		
		City & State  OCALA, F	<u>.</u>	4. FEI Number 59-3716728	Applied For Not Applicable
Zip <b>34</b>	474 Country USA	Zip 34474	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name	7. Name and Address of Current Register	red Agent
IN THIS SPACE			Street Addres	S.E. Formation of the State of Florida.	Zip Code
Tax filing r (See criter	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - M After May Amender Make Check Payab	E: Registered Agent signature requi lay 1 Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25 tle to Department of S	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
11.	OFFICERS AND	DIRECTORS	TITLE		
NAME STREET ADDRESS CITY-ST-ZIP	YOUG H. LIAN 7970 HAMILTON CHATTANOOGA,	1 MILL DR.	NAME STREET ADDRESS CITY-ST-ZIP		÷
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID, T CHUNG C. LIAN 3100 COLLEGE O OCALA, FL 344	\$D., VC-3	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	
TITLE NAME STREET ADORESS CITY-ST-ZIP			TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DO NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPA	
TITLE NAME Street address City-St-Zip	-		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-7IP	,		TITLE NAME STREET ADDRESS		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: