

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90440 036 ***150.00

DOCUMENT # *P01000048228*

1. Entity Name

The Delicious Best, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9107 TAFT STREET

3. Mailing Address

9107 TAFT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENABROKE PINES

City & State

PENABROKE PINES

4. FEI Number

65-1106552

Applied For

Not Applicable

Zip

33024

Country

BROWARD

Zip

33024

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ZAI ZHI ZHU

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

9107 TAFT STREET

City

PENABROKE PINES

FL

Zip Code

33024

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

[Signature] *4/12/02*

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *PD*
NAME *ZAI ZHI ZHU*
STREET ADDRESS *2301 NW 96 TERRACE Apt 16C*
CITY-ST-ZIP *PENABROKE PINES, FL 33024*

TITLE *VPD*
NAME *JIAN HE*
STREET ADDRESS *2301 NW 96 TERRACE Apt 16C*
CITY-ST-ZIP *PENABROKE PINES, FL 33024*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] *4/12/02*

Date

Daytime Phone #