

FILED
Sep 18, 2002 8:00 am
Secretary of State
01-21-2002 90047 022 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR):

DOCUMENT # P01000056093
1. Entity Name
CHINA 1 168, INC.

Principal Place of Business **Mailing Address**
5644 UW HWY 19 5644 UW HWY 19
NEW PORT RICHEY FL 34650 NEW PORT RICHEY FL 34650

42707

2. Principal Place of Business **3. Mailing Address**
CHINA 1 5644 U.S. Highw 5644 U.S. Highway 19
Suite, Apt. #, etc. Suite, Apt. #, etc.
New Port Richey New Port Richey

City & State **City & State**
New Port Richey FL New Port Richey FL
Zip **Country** **Zip** **Country**
34652 U.S.A. 34652 U.S.A.

4. FEI Number **Applied For**
59-3726291 ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SIU, RACHEL L
5644 UW HWY 19
NEW PORT RICHEY FL 34650

7. Name and Address of New Registered Agent
Name Li Tony Zhang, MAO GUANG LI
Street Address (P.O. Box Number is Not Acceptable)
5644 U.S. Highway 19
City New Port Richey **FL** **Zip Code** 34652

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 Li Tony Zhang MAO GUANG LI **DATE** 8/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
☐ Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LI, MAO GUANG	
STREET ADDRESS	5647 JAMES STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZHENG, LI TONY	
STREET ADDRESS	5647 JAMES STREET	
CITY-ST-ZIP	NEW PORT RICHEY-FL 34652	
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		

12. 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		

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: **SIGNATURE REQUIRED** Li Tony Zhang 8/29/02 (771) 842-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MAO GUANG LI Daytime Phone #

CR2E034 (4/02)