

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90322 025 ***150.00

DOCUMENT # P01000056093



1. Entity Name
CHINA 1 168, INC.

Principal Place of Business
**5644 UW HWY 19
NEW PORT RICHEY FL 34652**

Mailing Address
**5644 UW HWY 19
NEW PORT RICHEY FL 34652**

22001726



2. Principal Place of Business

5644 U.S. HWY 19
Suite, Apt. #, etc.
new port Richey
City & State
FL

3. Mailing Address

5644 U.S. HWY 19
Suite, Apt. #, etc.
new port Richey
City & State
FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3726291**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
34652

Country
new port Richey

Zip
34652

Country
new port Richey

6. Name and Address of Current Registered Agent

ZHANG, U TONG
5644 UW HWY 19
NEW PORT RICHEY FL 34650

7. Name and Address of New Registered Agent

Name **ZHANG U. TONG**
Street Address (P.O. Box Number is Not Acceptable)
5644 U.S. HWY 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Tong Zhang *mao guang li* *1/6/03*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LI, MAO GUANG**
STREET ADDRESS **5647 JAMES STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ZHENG, LI TONY**
STREET ADDRESS **5647 JAMES STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

mao guang li

CR2E034 (10/02)