FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p0/0000 57937

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

EM	PIRE SEECHUAN	I, INC		ر	05-02-2002 90052	043 ***150.00
	DO NOT WRITE	IN THIS S	PAC	Œ		
2. Principal Place of Business 3. Mailing Address 341 N. ORANGE AVE.,			es - Teathole s			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta	nte NDO, Fl. 32801	City & State			4. FEI Number 59-3724453	Applied For Not Applicable
Zip 3281	Country	Zip	Coun	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	DO NOT W	المراقع المراقع المراقع المراقع المراق		Name B./	7. Name and Address of Current Registe FANG LIN P.O. Box Number is Not Acceptable)	<u> </u>
	IN THIS SP	ACE		341 N. O	RANGE AVE	L Zip Code
SIGNATURE 9. This corpo	s named entity submits this statement for signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so.	und title if applicable. (NOTI January 17-18 After May	E: Registered lay 1: Fe 11: Fee la	ed office or registered Agent signature required to the its \$150.00 to \$550.00 to \$550.	ed agent, or both, in the State of Florida.	· · · · · · · · · · · · · · · · · · ·
(See criteria on back)		Amended Make Check Payab	d UBR is life to De	s \$61.25 partment of State	Trust Fund Contribution.	Added to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BI FANG LIN 341 ORANGE AND, ORD		· 通過 電腦	and the second of the second		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET	ADDRESS T-ZIP		
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I hereby certify that the information supplied with this filling 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:

NAME OF SIGNING OFFICER OR DIRECTOR