Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 16, 2002 8:00 am § Secretary of State P01000059906 DOCUMENT# 1. Entity Name 04-16-2002 90065 040 ***150.00 ORIENTAL INDUSTRIAL, INC. Principal Place of Business Mailing Address 5100 OLD HOWELL BRANCH ROAD 5100 OLD HOWELL BRANCH ROAD WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIU. RACHEL L Street Address (P.O. Box Number is Not Acceptable) 5100 OLD HOWELL BRANCH ROAD WINTER PARK FL 32792 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME ZHAO, ZHONGBIN 6788 Osler st Vancouver DB U6463 NAME STREET ADDRESS 6788 OSLER ST STREET ADDRESS CANCOUVER DB V64C3 CA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 6788 Osler st Vancouver DB V64C3 NAME QIAO, JINLI STREET ADDRESS 6788 OSLER ST STREET ADDRESS CITY-ST-ZIP CANCOUVER DB V64C3 CA CITY-ST-ZIP Delete: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE . ☐ Delete TITLE ☐ Change ☐ Addition NAME, NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE D Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CER OR DIRECTOR