2002 UNIFORM BUSINESS REPORT (UBR)

Aug 14, 2002 8:00 am Secretary of State P01000060050 DOCUMENT # 1. Entity Name 01-24-2002 90364 047 ***150.00 NEW CHINA OF ORLANDO INC. 08-14-2002 90029 008 ***150.00 Principal Place of Business Mailing Address 7649 W COLONIAL DR. STE 160 7649 W COLONIAL DR. STE 160 **ORLANDO FL 32818** ORLANDO FL 32818 . 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 Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZHANG, MING LE Street Address (P.O. Box Number is Not Acceptable) 7649 W COLONIAL DR, STE 160 ORLANDO FL 32818 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 FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE Delete TITLE ☐ Addition ZHANG, MING LE NAME 7649 W COLONIAL DR, STE 160 STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITI F ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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 Statules; 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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

FILED

Attachment 974343 PO1000060050

DIVISION OF CORORATIONS.
P.O. BOX 6327

TALLAHASSEE, FL. 32314

FROM: NEW CHINA OF ORLANDO, INC.

7649 W. COLONIAL DR. STE 160

ORLANDO, FL. 32818-6632

DATE: 8/8/2002

SUBTECT: PAID FILTNG FEE \$150,00

DEAR SIRS,

ENCLOSED PLEASE FIND \$ 150,00 FILING FEE FOR OUR ANUAL REPORT OF CORPORATION.

THIS IS THE FIRST NOTICE WE EVER RECEIVED IN THIS YEAR (WE DID NOT RECIEVE ANY NOTICE D BEFORE MAY 1, 2002) P

PLEASE DO NOT CHARGE US PENALTY.

THANKS A LOT.

My le chung