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## 2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## P01000073120 **DOCUMENT#**

1. Entity Name

Principal Place of Business

CHINA EXPRESS ENTERPRISES, INC.

FILED Aug 25, 2002 8:00 am Secretary of State

08-25-2002 90219 039 \*\*\*150.00

1562 FLORESTA BLVD PORT ST LUCIE FL 34984  2. Principal Place of Business 1562 SE Floresta Dr.		1562 FLORESTA BLVD PORT ST LUCIE FL 34984  3. Mailing Address 1562 SE Floresta Dn			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat		City & State  Port ST Luci	e, 7h	4. FEI Number Applied For Not Applied For	
Zip 34983	Country ST Lucie	Zip 34983	ST Lucie	5. Certificate of Status Desired S8.75 Additional Fee Required	
•	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent	
	imei Dresta Blvd Lucie Fl 34984		Street Add	in . Wen Mei ress (P.O. Box Number is Not Acceptable) SE Floresta Dr.	
			Cityport	T ST Lucie FL Zip Codeny 8 3	
SIGNATURE	Signatura, typed or printed name of registered agent as oration is eligible to satisfy its Intangible		E: Registered Agent signature		
	requirement and elects to do so.	After September 13 Make Check Payat	3, 2002 Fee will be sole to Department o	Trust Fund Contribution Added to Fees	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D Lin, Wenmei 1562 Floresta BlVD Port St Lucie Fl 34984	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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TITLE	•	☐ Delete	TITLE	☐ Change ☐ Addition	

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.

NAME

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

achment \$ \$0.000073120 2002 UniForm Buiness legat Dear Sir: I am writing to you in refrence to the annual report for for Cland Express Enterprises de for year 2002. This conval separt from that I am sending To the first report that I received in the mail I did not recove the first mailing of the report back in 7eB oz It must love been bost in the mail I have colled the lept of State and I was Told to write a letter for an explanation for wairing of the late. Paralty 6 # 400 0- IF I have received this form on time I would have nicited the payment by many 1 I am now submitting a \$100 00 clock with the report. Meare waive to late for the reason, that I have described above I would very much approceste for your Consideration. Thenk you very much.