2002 Uniform Business Report (UBR)

Apr 03, 2002 8:00 am 3 Secretary of State DOCUMENT # P01000081659 1. Entity Name TALLAHASSEE CHANG LE, INC. ٠ Principal Place of Business Mailing Address 2580 N MONROE ST 2580 N MONROE ST TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 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 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIANG, BRIAN Street Address (P.O. Box Number is Not Acceptable) 2580 N MONROE ST TALLAHASSEE FL 32303 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 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. Г 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 12. PD TITLE ☐ Delete TITLE ☐ Addition NAME LIU, SHENG J NAME 2580 N MONROE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE SD Delete TITLE ☐ Change ☐ Addition NAME WANG, CHUN K NAME STREET ADDRESS 2580 N'MONROE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7tP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

PRESIDENT