## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan	2 UNIFORM BUS MENT # PO10 PASTE AT FORT WALTON	00094363	Jan 14, Secreta	FILED Jan 14, 2002 8:00 am Secretary of State 01-14-2002 90031 019 ***150.00			
Principal Place of Business 255 MIRACLE STRIP PKWY SE #8-15 FORT WALTON BEACH FL 32548		Mailing Address 255 MIRACLE STRIP PKWY SE #B-15 FORT WALTON BEACH FL 32548					
2. Principal f	Place of Business	3. Mailing Address				<b>B</b> (100 (111 100)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRIT	DO NOT WRITE IN THIS SPACE		
City & Star	te	City & State		4. FEI Number	<b>├</b>	oplied For	
Zip	Country	Zip	Country	59-37 45 034 5. Certificate of Status Desired	□ \$8.75 Add		
	6. Name and Address of Curre	nt Registered Agent			Fee Require	ed	
•	U. Name and Address of Curre	in negistered Agent	Name	7. Name and Address of New R	egistered Agent		
YU, JIAN-XIN			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
255 MIRACLE STRIP PKWY SE #B-15 FORT WALTON BEACH FL 32548							
roni ma	LION BEAUTI PE 32340		City		FL Zip Cod	0	
SIGNATURE)  9. This corporate Tax filing	Signature, typed or printed name of registered age or printed in the printed name of registered age or printed in the printed	ont and title if applicable. (NO PILE NOW After May 1, 20	TE: Registered Agent signature of the control of th	.00 10. Election Campaign Fin.	DATE ancing\$5.0	0 May Be	
11.	T	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YU, JIAN-XIN 255 MIRACLE STRIP PKWY SE FORT WALTON BEACH FL 325		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUANG, JIN-YU 255 MIRACLE STRIP PKWY SE FORT WALTON BEACH FL 325		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		☐ 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	
	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
STREET ADDRESS  CITY-ST-ZIP  13. I hereby of indicated of the cor	on this report or supplemental report	is true and accurate and that i powered to execute this report	STREET ADDRESS CITY-ST-ZIP or the exemption stated my signature shall have as required by Chapte	in Section 119.07(3)(i), Florida Statutes. I the same legal effect as if made under o r 607, Florida Statutes; and that my name	ath: that I am an officer.	or direct/	

Daytime Phone #