2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000096258

1. Entity Name CHINA ONE IN OSCEOLA, INCORPORATED



FILED Mar 31, 2003 8:00 am § Secretary of State

03-31-2003 90241 036 ***150.00

			-	منست					
Principal Place of Business 7832 WEST HIGHWAY 192 KISSIMMEE FL 34747		Mailing Address 7832 WEST HIGHWAY 192 KISSIMMEE FL 34747							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE	IF MAKING	CHANGES	5	
City & State		City & State	City & State		4. FEI Number	<u></u>		applied For	î
					59-3750187			ot Applicable	1
Zip	Country	Zip	Country		5. Certificate of Status Desired		8.75 Ac		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R	egistered A	gent		1
	Name	Name							
Liang, Bi 7832 WES	rian St _. Highway 192		Street A	ddress (P.	O. Box Number is Not Acceptable	*)			
KISSIMME	E FL 34747		İ						
		ų.	City			FL	Zip Co	de	1
the obligat SIGNATURE	named entity submits this statement friends of registered agent. Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 May 1, 2003. Fee will be \$550.00 (Payable to Florida Department of	t and title if applicable. (NOTE:	Registered Agent signate		· · · · · · · · · · · · · · · · · · ·	DATE	\$5.	00 May Bed to Fees	-
	<u> </u>		1 44		ADDITIONS (CHANGES TO OFF	ICEDS AND	DIDECTO		ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD WANG, SHENG YI 7832 WEST HIGHWAY 192 KISSIMMEE FL 34747	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. WAA 7832 Kiss	ADDITIONS/CHANGES TO OFF G, SAM W. Hwy 192 Imple, FL 3474		Change	Addition	E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARTY, SAM 7832 W HWY 192 KISSIMMEE FL 34747	🛣 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	CBO
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_CITY=ST=ZIP			CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE				☐ Change	Addition	

12. Thereby 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 ordinate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: 2

STREET ADDRESS

CITY-ST-ZIP