

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90112 041 ***150.00

DOCUMENT # P01000121289

1. Entity Name
LIN CHINA CORP.



Principal Place of Business
**3399 US HWY 441 SOUTH
OKEECHOBEE FL 34974**

Mailing Address
**3399 US HWY 441 SOUTH
OKEECHOBEE FL 34974**

2. Principal Place of Business
3399 US HWY 441 SOUTH
Suite, Apt. #, etc.

3. Mailing Address
150 GEORGE STREET
Suite, Apt. #, etc.

City & State
OKEECHOBEE, FL

City & State
BROOKLYN, NY

Zip
34974

Country

Zip
11237

Country

4. FEI Number **80-0004426**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LIN, XINCHANG
3399 US HWY 441 SOUTH
OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CHAI** ☐ Delete
NAME **XIN CHENG, LIN**
STREET ADDRESS **3399 S HIGHWAY, 441**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **D** ☐ Delete
NAME **SONG LIN, XIN**
STREET ADDRESS **3399 S HIGHWAY, 441**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **P** ☒ Delete
NAME **HUANG, LIN**
STREET ADDRESS **3399 S HIGHWAY 441**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **T** ☒ Delete
NAME **XIN WU, LIN**
STREET ADDRESS **3399 S HIGHWAY 441**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

Daytime Phone #

CR2E034 (10/02)