

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90143 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000023669

1. Entity Name
YONG XIN, INC.



Principal Place of Business
**5925 65TH STREET
VERO BEACH, FL 32967**

Mailing Address
**5925 65TH STREET
VERO BEACH, FL 32967**

2. Principal Place of Business
9308 SOUTH US 1

Suite, Apt. #, etc.

3. Mailing Address
9308 SOUTH US 1

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PORT ST. LUCIE, FL

Zip
34952

Country
USA

City & State
PORT ST. LUCIE, FL

Zip
34952

Country
USA

4. FEI Number
75-3017816

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LIN, XIU YAN
5925 65TH STREET
VERO BEACH, FL 32967**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9308 SOUTH US 1

City
PORT ST. LUCIE

State
FL

Zip Code
34952

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]
Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/03

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
PD	LIN, XIU YAN	5925 65TH STREET	VERO BEACH, FL 32967	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PS	LIN, XIU YAN	9308 SOUTH US 1	PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

Date

Daytime Phone #

CR2E034 (10/02)