

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90233 033 ***150.00

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

DOCUMENT # POV00058900

1. Entity Name
XU ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9926 NW 6th Ct

3. Mailing Address
same

DO NOT WRITE IN THIS SPACE

City & State
Plantation FL

City & State

4. FEI Number
01-0712060

Applied For
 Not Applicable

Zip
33324 Country
FLORIDA

Zip Country

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent.

Name
WEILI XU

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

9926 NW 6th Ct.

City Plantation FL Zip Code 33324

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reissuing)

DATE

4/16/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1st - May 1st Fee is \$150.00
 After May 1st Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>P</u>
NAME	<u>WEILI XU</u>
STREET ADDRESS	<u>9926 NW 6th Ct.</u>
CITY, ST, ZIP	<u>Plantation FL 33324</u>
TITLE	<u>S</u>
NAME	<u>SHERRY JIANG</u>
STREET ADDRESS	<u>9926 NW 6th Ct.</u>
CITY, ST, ZIP	<u>Plantation FL 33324</u>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034B (12/01)