

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

04-28-2003 91519 019 ***150.00

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

DOCUMENT # P02000109062

1. Entity Name
NEW CHINA FL, INC.



Principal Place of Business
**5400 SW COLLEGE ROAD #304
OCALA, FL 24470**

Mailing Address
**C/O 136 BOWERY
SUITE 203
NEW YORK, NY 10013**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5400 SW COLLEGE ROAD

Suite, Apt. #, etc.
#304

City & State
OCALA FL

Zip
34470

Country
MARION

3. Mailing Address
136 BOWERY

Suite, Apt. #, etc.
SUITE 203

City & State
NEW YORK NY

Zip
10013

Country
NEW YORK

4. FEI Number
52-2382815

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WENG, YU HAI
5400 SW COLLEGE ROAD #303
OCALA, FL 34470**

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: **X YU HAI WENG**

YU HAI WENG / PRES.

4/20/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PRES. / YU HAI WENG ☐ Delete
NAME
5400 SW COLLEGE ROAD #304
STREET ADDRESS
OCALA, FL 24470
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(1), 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: **X YU HAI WENG**

YU HAI WENG / PRES.

4/20/03

352-861-5818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)