

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

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

03-31-2003 90156 037 \*\*\*150.00

DOCUMENT # P02000128746

1. Entity Name

OTANTILE CORPORATION U.S.A., INC.



30066664

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3389 SHERIDAN STREET

Suite, Apt. #, etc.

#497

City & State  
HOLLYWOOD, FL

Zip  
33021

Country

3. Mailing Address  
3389 SHERIDAN STREET

Suite, Apt. #, etc.

#497

City & State  
HOLLYWOOD, FL

Zip  
33021

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name GUO, PHILIP

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

3389 SHERIDAN STREET #497

City HOLLYWOOD

FL

Zip Code  
33021

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
D  
FANG, FENG  
STREET ADDRESS  
3389 SHERIDAN ST., # 497  
CITY-ST-ZIP  
HOLLYWOOD, FL 33021

TITLE  
NAME  
D  
CHEN, XIAOBIN  
STREET ADDRESS  
3389 SHERIDAN ST., # 497  
CITY-ST-ZIP  
HOLLYWOOD, FL 33021

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FENG FANG

03/28/03

Date

(954) 965-5052

Daytime Phone #

CR2E034B (12/02)