2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P93000018817 1. Entity Name LUNG FUNG. INC. 04-17-2001 90135 025 ***150.00 Mailing Address Principal Place of Business 5312 CORTEZ RD WEST 5312 CORTEZ RD WEST **BRADENTON FL 34207 BRADENTON FL 34207** D0037976 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0395041 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YE, JIN HONG Street Address (P.O. Box Number is Not Acceptable) 5312 CORTEZ RD WEST **BRADENTON FL 34207** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE CHAN, JOSEPH C NAME NAME STREET ADDRESS STREET ADDRESS 5312 CORTEZ RD WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** ☐ Change ☐ Addition ☐ Delete TITLE TITLE YE, JIN HONG NAME NAME STREET ADDRESS 5312 CORTEZ RD WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON:FL------Change ☐ Addition DVST ☐ Delete TITLE TITLE. WU, YU XIAN NAME NAME 5312 CORTEZ RD WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YUX.WU/SECRETARY 4/13/01

941-795-8980

Daytime Phone #