FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 15, 2002 8:00 am Secretary of State DOCUMENT # P93000061737 1. Entity Name 01-15-2002 90004 001 \*\*\*150.00 JANDAN INTERNATIONAL, INC. Principal Place of Business Mailing Address 8015 DORSEL CT 3555 HAVENDALE BLVD ORLANDO FL 32836 WINTER GARDEN FL 33881 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3198245 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Charge name to James YEOU-Bin Huang HUANG, YEOU B Street Address (P.O. Box Number is Not Acceptable) 8015 DORSEL CT (Pls see Enclosed Driver ORLANDO FL 32836 License) City Zip Code 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 10-2002 (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition James Eou NAME NAME 8015 DORSEL CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32836 CITY-ST-ZIP C Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition NAME \* NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change 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.

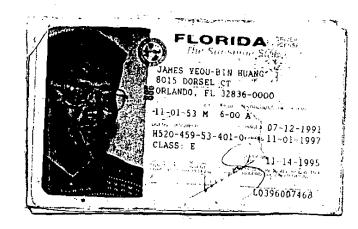
SIGNATURE:

SIGN HOME OF SIGNING OFFICER OR DIRECTOR

1-10-2002 816

Daytime Phone #

Attachment Doc# P930006/737/80/200



more information on the back