

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90196 005 \*\*\*150.00

**DOCUMENT # P94000007729**

1. Corporation Name  
**UNITED CAPITAL USA, INC.**

Principal Place of Business

4303 ARLEY PLACE  
VALRICO FL 33594

Mailing Address

5656 SPRINGFIELD BLVD  
BAYSIDE NY 11364  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1994

4. FEI Number

59-3221448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30 USA

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33114

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LANGQ, LARRY H. P  
STREET ADDRESS 5656 SPRINGFIELD BLVD  
CITY-ST-ZIP BAYSIDE NY

TITLE VPD ☒ DELETE

NAME QIAN, BAO MIN  
STREET ADDRESS 5656 SPRINGFIELD BLVD  
CITY-ST-ZIP BAYSIDE NY

TITLE TD ☒ DELETE

NAME OFEK, ELI  
STREET ADDRESS 4 WASHINGTON SQUARE VILLAGE STE 11-E  
CITY-ST-ZIP NEW YORK NY

TITLE D ☒ DELETE

NAME CHIANG, RAYMOND  
STREET ADDRESS 1093 TOWER 17 HONG KONG PKWV  
CITY-ST-ZIP HONG KONG CH

TITLE D ☒ DELETE

NAME LIU, ERH FEI  
STREET ADDRESS 1093 TOWER 17 HONG KONG PKWV  
CITY-ST-ZIP HONG KONG CH

TITLE D ☒ DELETE

NAME YAN, ANDY  
STREET ADDRESS 5656 SPRINGFIELD BLVD  
CITY-ST-ZIP BAYSIDE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME LANG, Larry H. P.  
1.3 STREET ADDRESS 4303 Arley Place  
1.4 CITY-ST-ZIP Valrico, FL 33594

2.1 TITLE C/MD ☐ Change ☒ Addition

2.2 NAME ZHANG, Wei  
2.3 STREET ADDRESS 4303 Arley Place  
2.4 CITY-ST-ZIP Valrico, FL 33594

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-99

773-834-3544

CR2E034 (11/98)