FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007729

1. Entity Name

UNITED CAPITAL USA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
310-B Palmetto Drive	310-B Palmetto Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

800017550598
04/30/03--01032--031 **150.00

DO NOT WRITE IN THIS SPACE

City & State	City & State
Alhambra, California	Alhambra, California

Zip	Country	Zip	Country
91801		91801	

4. FEI Number 59-3221448   ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

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

1840 Coral Way, 4th Floor

City		Zip Code
Miami	FL	33145

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. Spiegel & Utrera, P.A.

SIGNATURE _____ By: _____ Natalia Utrera, Vice-President (required when reinstating)

4/11/03 /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		TITLE	
TITLE	P.	TITLE	
NAME	Lang, Larry H.P.	NAME	
STREET ADDRESS	310-B Palmetto Drive	STREET ADDRESS	
CITY-ST-ZIP	Alhambra, California 91801	CITY-ST-ZIP	
TITLE	CMD	TITLE	
NAME	Zhang, Wei	NAME	
STREET ADDRESS	310-B Palmetto Drive	STREET ADDRESS	
CITY-ST-ZIP	Alhambra, California 91801	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-03   626-576-8281

Date   Daytime Phone #

CR2E034B (12/02)