

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031877

1. Entity Name

JILLY ENTERPRISE, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90161 032 ***158.75

Principal Place of Business

Mailing Address

~~8010 WEST DR. #278~~
NORTH BAY VILLAGE FL 33141
US

~~8010 WEST DR. #278~~
NORTH BAY VILLAGE FL 33141
US

2. Principal Place of Business

3. Mailing Address

100 Kings Point Dr.
Suite, Apt. # etc.

100 Kings Point Dr.
Suite, Apt. # etc.

City & State

North Miami Beach, FL

Zip 33160

Country

USA

City & State

North Miami Beach, FL

Zip

33160

Country

USA

4. FEI Number

65-0485108

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZHANG, SHU J.

8010 WEST DR. #278

NORTH BAY VILLAGE FL 33141

Name

ZHANG, SHU J.

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

100 Kings Point Dr #1117

City

North Miami Beach

FL

Zip Code

33160

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

Shu J Zhang

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

(NOTE: Registered Agent signature required when reinstating)

4/6/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ZHANG, SHU J	
STREET ADDRESS	8010 WEST DR. #278	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZHANG, SHU J	
STREET ADDRESS	100 Kings Point Dr. #1117	
CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SHU J Zhang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/2001

CR2E034 (10/00)

017474