

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066996

1. Entity Name

CHINA H.K. (U.S.) CAPITAL LTD., INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90024 040 ***150.00

Principal Place of Business

1995 N.W. 55TH AVE.
BUILDING K
MARGATE FL 33063
US

Mailing Address

9050 NW 28TH ST
STE 121
CORAL SPRINGS FL 33065-5213
US

2. Principal Place of Business

9050 NW 28th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

Zip

Country

33065

US

Zip

Country

4. FEI Number

65-0537717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAO, XIAOYAN
1995 NW 55TH AVE
BLDG K
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE ☐ Delete
NAME P
STREET ADDRESS GAO, XIAOYAN
CITY-ST-ZIP 1995 NW 55TH AVE. BLDG K
MARGATE FL 33063

TITLE ☐ Delete
NAME M
STREET ADDRESS XIN, JIANFEI
CITY-ST-ZIP 1995 NW 55TH AVE BLDG K
MARGATE FL 33063

TITLE ☐ Delete
NAME S
STREET ADDRESS CHE, LI
CITY-ST-ZIP 1995 NW 55TH AVE
MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIANFEI XIN (M)

Date

2-4-2000

Daytime Phone #

(954) 752-0582

CR2E034 (9/99)