

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90084 037 \*\*\*150.00

**DOCUMENT # P94000073900**

1. Entity Name  
**YOUMEI CORP.**

Principal Place of Business <b>201 SIMPSON RD          KISSIMMEE FL 34744          US</b>	Mailing Address <b>201 SIMPSON RD          KISSIMMEE FL 34744-4452          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3271961</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CHEN, SHIH LUNG  
 201 SIMPSON RD  
 KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent  
 Name **CHEN, SHIH MING**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4045 AUGUSTA AV.**  
 City **COOPER CITY** FL Zip Code **33026**

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 *Shih Ming Chen* DATE **JAN. 30 '00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CHEN, SHIH MING 4045 AUGUSTA AVENUE COOPER CITY FL 33026</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CHEN, SHAOMIN 4045 AUGUSTA AVENUE COOPER CITY FL 33026</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CHEN, SHIH LUNG 201 SIMPSON RD KISSIMMEE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CHEN, SHUMAN 1706 LEE JANZEN DR KISSIMMEE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. CHEN, YIJEN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. CHEN, YIJEN 4045 AUGUSTA AV. COOPER CITY FL. 33026</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. CHEN, HELEN 4045 AUGUSTA AV. COOPER CITY FL. 33026</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. CHEN, AMY 1706 LEE JANZEN DR KISSIMMEE FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. CHEN, ANDY 1706 LEE JANZEN DR. KISSIMMEE, FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. CHEN, MEILIN 201 SIMPSON RD. KISSIMMEE, FL. 34744.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shih Ming Chen* DATE **JAN 30 '00** DAYTIME PHONE # **(305)866-7661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)