

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2002 8:00 am**
Secretary of State

04-30-2002 90191 014 ***150.00

DOCUMENT # P94000073900

17-Entity Name

YOUMEI CORP.

Principal Place of Business

**201 SIMPSON RD
KISSIMEE FL 34744
US**

Mailing Address

**201 SIMPSON RD
KISSIMEE FL 34744
US**

2. Principal Place of Business

4045 AUGUSTA AVE

Suite, Apt. #, etc.

3. Mailing Address

4045 AUGUSTA AVE

Suite, Apt. #, etc.

City & State

COOPER CITY, FL.Zip
33026

Country

City & State

COOPER CITY, FL.

Zip

33026

Country

4. FEI Number

59-3271961

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CHEN, SHIH MUNG
4045 AUGUSTA AV.
COOPER CITY FL 33026****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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PD** ☐ Delete
NAME **CHEN, SHIH MING**
STREET ADDRESS **4045 AUGUSTA AVENUE**
CITY-ST-ZIP **COOPER CITY FL 33026**TITLE **SD** ☐ Delete
NAME **CHEN, SHAOMIN**
STREET ADDRESS **4045 AUGUSTA AVENUE**
CITY-ST-ZIP **COOPER CITY FL 33026**TITLE **TD** ☐ Delete
NAME **CHEN, SHUMAN**
STREET ADDRESS **1706 LEE JANZEN DR**
CITY-ST-ZIP **KISSIMEE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE:**SIGNATURE CHANGED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIH MING CHEN 4/13/02 (954) 431 0045

Date

Daytime Phone #

CR2E034 (9/01)