

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90511 003 ***150.00

154-4770 AV

DOCUMENT # P94000075868

1. Entity Name
CHINA CHINA II, INC.



Principal Place of Business
**321 N UNIVERSITY DR #VC2
PLANTATION FL 33324**

Mailing Address
**321 N UNIVERSITY DR #VC2
PLANTATION FL 33324**



2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

Same

City & State

Same

Zip

Country

Same

Zip

Country

Same

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0538322**

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

~~SANGSUKWIRASATHIEN, SUSANA~~
~~321 N UNIVERSITY DR #VC2~~
~~PLANTATION FL 33324~~

Name

Jing He

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

321 N.

University Dr. VC-2.

City

Plantation

FL

Zip Code

33324

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.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS SANGSUKWIRASATHIEN, SUSANA 321 N UNIVERSITY DR NO VC2 PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANGSUKWIRASATHIEN, SUSANA 321 N UNIVERSITY DR NO VC2 PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEN, HUA T 321 N. UNIVERSITY DR #VC-2 PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS Jing He 321 N. University Dr. VC-2 Plantation - FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jing He 321 N. University Dr. VC-2 Plantation - FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jing He 321 N. University Dr. VC-2 Plantation - FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 *954-673-2160*
Date Daytime Phone #

CR2E034 (10/02)