2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P94000092810** Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** CHINA CITY CORPORATION, INC. 01-21-2000 90114 021 ***158.75 Principal Place of Business Mailing Address CHINA CITY CHINA CITY 3049 COMMECIAL WAY 3049 COMMECIAL WAY SPRINGHILL FL 34606 SPRINGHILL FL 34606-3300 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3285048 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZENG, GUANG T Street Address (P.O. Box Number is Not Acceptable) 3049 COMMERCIAL WAY SPRING HILL FL 34606 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing -\$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD M Change Addition Delete TITLE TITLE ZING ZENG, GUANG T NAME NAME STREET ADDRESS STREET ADDRESS 7374 CANTERBURY ST CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 👿 Change ■ Addition TITLE ☐ Delete TITLE LIN, JIN T NAME NAME STREET ADDRESS 200 73RD AVE. NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST-7IP= ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied ling 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 rep of the corporation or the receiver or susteen occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director executes 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 w