

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000094391

1. Entity Name

CHINA 8, INCORPORATED

Principal Place of Business

7224 CONAN LANE
ORLANDO FL 32818
US

Mailing Address

7224 CONAN LANE
ORLANDO FL 32818-6771
US

2. Principal Place of Business

7366 BRIARLYN CT

Suite, Apt. #, etc.

3. Mailing Address

7366 BRIARLYN CT.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32818

Country

U.S.A

Zip

32818

Country

U.S.A

4. FEI Number

59-3297550

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

LUONG, THE HUU
7224 CONAN LANE
ORLANDO FL 32818

3/14/2000
paid check
0672
Amount - \$150.00
paid

Name

LUONG, THE HUU

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

7366 BRIARLYN CT.

City

ORLANDO

FL

Zip Code

32818

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.

THE HUU LUONG

3-13-2000

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LUONG, THE HUU | |
| STREET ADDRESS | 7224 CONAN LN | |
| CITY-ST-ZIP | ORLANDO FL 32818 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------|------------------------------------------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUONG, THE HUU | |
| STREET ADDRESS | 7366 BRIARLYN CT. | |
| CITY-ST-ZIP | ORLANDO, FL 32818 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

THE HUU LUONG, PRESIDENT. 3/12/2000

Date

Daytime Phone #

CR2E034 (9/99)