

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90083 041 ***150.00

DOCUMENT # P95000069360

1. Entity Name
LINFENG ZHOU, P.A.



Principal Place of Business
**3109 STIRLING ROAD, SUITE 101
FT. LAUDERDALE FL 33312**

Mailing Address
**3109 STIRLING ROAD, SUITE 101
FT. LAUDERDALE FL 33312**



2. Principal Place of Business
3107 Stirling Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL

City & State

Zip
33312

Country
Broward

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0610554**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZHOU, LINFENG
3109 STIRLING ROAD, SUITE 101
FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **ZHOU, Linfeng**

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

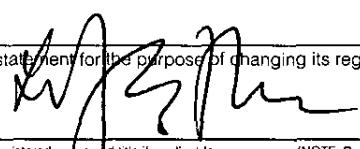
3107 Stirling Road, Suite 106

City **Ft. Lauderdale**

FL

Zip Code
33312

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

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 **D**
NAME **ZHOU, LINFENG**
STREET ADDRESS **3109 STIRLING ROAD, SUITE 101**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

☐ Delete

TITLE **D**
NAME **ZHOU, Linfeng**
STREET ADDRESS **3107 Stirling Road suite 106**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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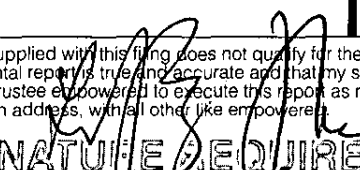
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03 (954) 983-6176

Date

Daytime Phone #

CR2E034 (10/02)